

## PARENTAL CONSENT FORM

**Mailing Address:**

Harvest Mission Community Church  
Attention: Pastor Benjamin Kim  
14900 Avery Ranch Blvd Suite C200 #60  
Austin, TX 78717

As the parent/guardian of \_\_\_\_\_, I give permission for my child to participate in HMCC's 2025 Summer Missions Project.

I will not hold Harvest Mission Community Church liable for any accidents/injury to my child or any damage to my child's property during the trip.

Parent or Guardian's Printed Name: \_\_\_\_\_

Parent or Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_