



[www.allsaintstexoma.org](http://www.allsaintstexoma.org) (903)786-3148

*Please fill out completely and bring to your Leap of Faith Event.*

**LEAP OF FAITH HIGH ROPES LIABILITY WAIVER**

I, ( \_\_\_\_\_ (parent/guardian)), am the parent or legal guardian of  
( \_\_\_\_\_ (minor) (hereinafter "my child"), and I am informed of the  
activities offered by All Saints Camp and Conference Center (hereinafter "this camp," "church," "school", etc.) located at:  
418 Stanton Way, Pottsboro, County of Grayson, and State of Texas, beginning on (dates of event) \_\_\_\_\_ / \_\_\_\_\_  
and ending on the day of \_\_\_\_\_ / \_\_\_\_\_. As the parent or legal guardian of my child, I hereby  
consent for my child to attend and participate in all activities provided by this All Saints Camp and Conference Center.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AUTHORIZATION / PHOTO RELEASE**

The undersigned grants permission for the videotaping and/or photographing of the following Participant:  
NAME: \_\_\_\_\_

Identifying information such as name, address, age, diagnosis and parents (in the case of a minor) may be included:  
The videotapes and/or photographs will be used by the staff specifically for: Photo sharing, website, publications and  
promotion.

No other use of the videotapes and/or photographs shall be allowed.

Specific dates video/photographs shall be used: From: \_\_\_\_\_ To: \_\_\_\_\_

After this date, new client authorization will be required for use of videos and/or photos.

Today's Date: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Email (parent): \_\_\_\_\_

Phone Number: \_\_\_\_\_