

## Activity Consent Card

Name/s \_\_\_\_\_  
may attend and participate in (activity)  
\_\_\_\_\_ sponsored by  
the Puyallup Church of the Nazarene on  
Date/s \_\_\_\_\_. Further I agree to all  
the sections of the Medical & Liability Release  
form that I signed and have on file at  
Puyallup Nazarene.  
Signature/Date \_\_\_\_\_



**ELEVATE**  
STUDENT MINISTRY

