

**LABCC SUMMER CAMP
PERMISSION TO PICKUP / RELEASE OF LIABILITY**

I _____ do hereby give permission to _____
Parent name Authorized person name

to pickup my child _____ on _____
Child's name Date

I release LABCC, Camp Morningstar and its Directors and Staff from any liability for the release of my child to the authorized person above.

X _____
Parents signature Date

(The authorized person must have this release form or a facsimile of for LABCC to release your child.) "Must show I.D. to verify authorized person."