

**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.