

One Life Church  
Food Drop Program 2020

**PERMISSION SLIP and LIABILITY RELEASE FORM**

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

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Cell Number \_\_\_\_\_ Email \_\_\_\_\_

Children in home ranging from age 1 to 18 years of age? \_\_\_\_\_

IS ANYONE IN YOUR HOUSEHOLD ALLERGIC TO NUTS? YES NO

I hereby grant permission for my household to participate in the food drop program of the One Life Church. I understand that the members of my household participate in these activities at their own risk and that the One Life Church and its volunteers are not liable for any injury, allergic reaction, or sickness to myself, my children, or anyone in my household.

I recognize that volunteers from One Life Church will be dropping off food to my porch/front door and give them permission to do so.

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

(parent or legal guardian)

Email a Copy of this form to [jon@onelifene.com](mailto:jon@onelifene.com) or Send a copy via text message to (402)305-0396.

one  
LIFE  
CHURCH  
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