

MOUNT HERMON CHRISTIAN WRITERS CONFERENCE TEMPORARY GUARDIAN CONSENT

Name of Minor (Conference Attendee)	Date of Birth
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This section to be filled out by parent or legal guardian.

Name of Parent/Legal Guardian	Phone Number (with Area Code)
Home Address (street address, city, state, zip)	Email Address

I hereby appoint and authorize the following individual to properly care for and be responsible for the above-mentioned minor as outlined in the section below, which includes ensuring the nutrition, health, emergency care, shelter, and physical safety of the minor, during the Mount Hermon Christian Writers Conference.

Name:

Date of Birth (Temporary guardian must be at least 21 years of age.):

Street Address:

City, State, Zip:

Cell Phone Number:

Signature:

Date:

This section to be filled out by the temporary guardian.

Name of Temporary Guardian	Phone Number (with Area Code)
Date of Birth	Email Address

I declare that I understand and accept my responsibilities as temporary guardian to the above-named minor at the above-mentioned event. I affirm that I will not knowingly make a decision that conflicts with the wishes of the minor's parent or legal guardian.

Signature:

Date: