

**First Kingdom Church of Asphodel Notarized Parental Consent Form**  
*For guests under the age of 18, accompanied by an adult who is not their legal parent or guardian.*

I / we agree that my / our child \_\_\_\_\_  
*full legal name of child*

may attend events hosted by the First Kingdom Church or Asphodel, at participate in Pagan religious rituals, if accompanied and supervised by the adult(s) listed in the following section, with the following limitations:

- Only permitted to attend events hosted at 12 Simonds Hill Rd, Hubbardston, MA, not at other locations
- Not permitted to stay overnight  Not permitted to stay past \_\_\_\_\_ (time)
- Not permitted to attend events where full nudity is allowed
- Not permitted to attend any events where additional parental discretion is advised, due to mature subject matter

I / we understand that programming at any First Kingdom Church of Asphodel events may include general statements about sexuality and reproduction, partial nudity in a non-sexual context, and mention of politically-sensitive topics (such as homosexuality) which may be considered objectionable by some parents. I / we have discussed these issues with the adult(s) listed below, and give them full authority to determine whether the content or participation is appropriate for my / our child.

I / we understand that many events are held outdoors, in a wooded area containing natural hazards (such as uneven terrain, stinging insects, poisonous plants, wildlife, and inclement weather) as well as potential man-made hazards (such as construction debris and excavation) in some areas.

I / we understand that while the First Kingdom Church of Asphodel strives to maintain a welcoming and family-friendly environment, other guests and participants at events may discuss topics which may not be appropriate for children, and it is the sole responsibility of the adult(s) listed below to provide appropriate supervision.

I / we understand that the First Kingdom Church of Asphodel does not provide child-specific programming at most events, and does not provide supervision for children. I / we have made all necessary arrangements for the adult(s) listed below to care for our children in a manner I / we find appropriate.

If I / we wish to withdraw or change this consent, we will inform the First Kingdom Church of Asphodel.

**PARENT(S) or LEGAL GUARDIAN(S)**

FULL NAME \_\_\_\_\_  
*(print)*

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_  
*(Month/Day/Year)*

**ADULT(S) AUTHORIZED TO SUPERVISE CHILD**

FULL NAME \_\_\_\_\_  
*(print)*

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_  
*(Month/Day/Year)*

**NOTARY PUBLIC**

State of \_\_\_\_\_ County of \_\_\_\_\_

On (Date) \_\_\_\_\_ Before me, \_\_\_\_\_  
*Name, title of officer—e.g., "Jane Doe, Notary Public"*

personally appeared \_\_\_\_\_

\_\_\_\_\_  
*Name(s) of Signer(s)*

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instruments and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of \_\_\_\_\_ that the foregoing paragraph is true and correct.

WITNESS my hand and official seal. **Signature of Notary :** \_\_\_\_\_