

# Declaration of acceptance and responsibility

## Mission Impact School 2026 - Signature form

I, \_\_\_\_\_, declare that I will participate in the Mission Impact School 2026 under my own responsibility, having read, understood, and accepted all terms and conditions outlined in the rules. I also declare that I am in good health and physically able to participate in all planned activities.

### Participant information

Full Name	_____
Address	_____
Phone	_____
Email	_____
Date of Birth	_____
Place of Birth	_____
Church	_____
Pastor's Name	_____
Participant's Signature	_____
Date	_____

### For minors

Parent/Legal Guardian Name	_____
Signature	_____
Reference Pastor	_____
Signature	_____