

PARENT CONSENT FORM

We want to protect the children that visit our web site by making sure that their parents know they are visiting our site and corresponding with us. So please review our site and if you are comfortable with your child interacting with us, please complete and return this form.

To read our Privacy policy, see <http://www.alifeoffaith.com/privacy.htm>.

To read our Terms of Use, see <http://www.alifeoffaith.com/terms.htm>.

I hereby grant my consent for Mission City Press, Inc., the owners of the A Life of Faith web site, to contact and correspond with my child and to include my child on their mailing list.

Signature of Parent/Guardian: _____

Print Name of Parent/Guardian: _____

Date Signed _____

Name of Child: _____

Age of Child: _____

Note: If this consent form is for more than one child, please list the names, ages and email information of the other children for whom you are granting permission:

Parent/Guardian's Contact Information

Email Address: _____

Postal Address:

Daytime Telephone #: _____

Evening Telephone #: _____

Fax #: _____

Child's Contact Information

Email Address: _____

Mail (or fax to 615-591-1006) this form to:

Mission City Press

Attention: Permissions Manager

202 Second Avenue South

Franklin, TN 37064

For more info, call 1-800-840-2641 (choose customer service) or email customerservice@missioncitypress.com.