



## Letter of Informed Consent

To be used for all off-site trips and activities of increased risk.

Student Name(s): \_\_\_\_\_

Activity: **Magic Mountain (Splash Zone)**

**Date of Activity:** Wednesday, August 29th (Rain date is scheduled for August 30th)

**Details of the Activity:** We will be meeting at True Life for 8:30am and heading up to Magic Mountain in the church busses! Students will spend the day at the water park, and return to True Life for pick up at 7:30pm.

**What to bring:** Consent form, payment of **\$35.00**, packed Lunch, money for supper, swimsuit, sunscreen, water, and a towel!

**Pick up and drop off:** True Life Church

**Schedule:** 8:30pm Drop off — 7:30pm Pick up @True Life

**Cost:** **\$35.00** \*\*\*Note: Any family with 3 or more children attending, will only be *required* to pay for 2.

**\*Note students must register for this beforehand as there are limited spaces, contact Levi to do so.**

Dear Parent:

We are planning an activity as part of our programming that requires your permission prior to participation. We have provided you the details of the activity and request that you complete and sign the permission form. Please note that all physical activities have risks. The safety of your Child is our primary concern. Precautions will be taken for their wellbeing and protection.

### Permission Form and Consent:

Student's Name(s) \_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Parents' Cell Number \_\_\_\_\_

Health Card Number \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

### In case of an emergency, contact:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

I voluntarily agree and consent to the participation of my/our Child(ren) in this supervised activity.

While every precaution is taken for the safety and good health, some sports and activities carry with them the inherent risk of personal injury beyond the risks associated with many of the recreational activities at True Life

Church, NB. I/we understand that I am exposing my Child to inherent risks and hazards. I accept all these risks and hazards and agree that by allowing my Child to participate in those activities and acknowledge that I will be responsible for any injury or other loss which may occur during my Child's participation of these activities.

I/we, the Parents or guardians named below, authorize the Pastor or one of True Life Church, NB Personnel to sign consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedures for the participant named above.

I/we, named below, undertake and agree to indemnify and hold blameless True Life Church, NB, its Personnel, its leaders and Board from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of True Life Church, NB, as well as of any medical treatment authorized by the supervising individuals representing True Life Church, NB. This consent and authorization is effective only when participating in or traveling to events of True Life Church, NB.

I have read, understood and agree with above.

Activity: \_\_\_\_\_

Parent / Guardian Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

Witness Signature \_\_\_\_\_

Witness Printed Name \_\_\_\_\_