

# Willingdon Church Assumption of Risk



Dear Parents,

Please complete the following to register your minor for our upcoming event. This form is required for all participants under the age of 19 years old.

Event Date: December 6, 2023 | 7:00pm-8:00pm Event Name: IGNITE Ice Skating Field Trip

Event Location: Moody Park Arena 701 8<sup>th</sup> Avenue, New Westminster – **Parents are required to drop off and pick up their kids from the Arena**

**Details of the Activity:** As part of our Ignite program, your child will be participating in an off-site field trip to Moody Park Arena. The kids will be dropped-off and picked up from the Arena. We will be covering the cost of the drop in fee, as well as any rentals that you may require.

While every precaution is taken for the safety and good health of your child, some activities carry with them the inherent risk of personal injury beyond the risks associated with many of the recreational activities at Willingdon Church. Some of these risks include but are not limited to: bumps and bruises, sprains/broken bones, head/neck injuries and even possible death.

Minor's Full Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/ Legal Guardian's Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Any medical information/allergies we should know about: \_\_\_\_\_

By signing this agreement, I, the parent/guardian for the above named child acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child may be exposed to or infected by COVID-19 by participating in this event. I hereby consent to the participation of my/our child in this supervised activity.

I understand that participation in this activity poses the risk of injury or death. I have read and understand the risks outlined above and I hereby assume all risk and liability for my child's participation in the activities of Willingdon Church.

I, the parent or guardian named below, authorize the Pastor or one of Willingdon Church's personnel to sign a 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 the Pastor, Willingdon Church, its Ministry Staff, its Pastors, Directors and Board of Elders from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of Willingdon Church, as well as of any medical treatment authorized by the supervising individuals representing Willingdon Church. This consent and authorization is effective only when participating in or traveling to events of Willingdon Church.

I have read, understood and agree with the above.

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

Date: \_\_\_\_\_