

RIPTIDE SERVICE NIGHT– GRADE 8 GIRLS: NOVEMBER 8, 2018

Student Name(s): _____

Date: November 8, 2018 from 6:45pm-9pm Cost: \$5

Details of the Activity: **We will meet at Metrotown Mall by the McDonalds entrance, and will be purchasing some small treats to hand out to the Metrotown staff as an act of service. Please pick up your daughter at McDonalds at 9pm. They should bring \$5 to contribute to purchasing the treats, if possible. Leaders present will be Samantha Alexander (604-346-1324) and Sarah Reimer (306-681-3988).**

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. The safety of your child is our primary concern. Precautions will be taken for their wellbeing and protection.

Permission Form and Consent:

Student's First & Last Name _____ Date of Birth _____

Address _____

Phone Number _____ Health Card Number _____

Medical concerns/Allergies _____

In case of an emergency, contact _____

I hereby 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 Willingdon Church. I/we understand and accept these risks and agree that by allowing my child to participate in those activities, he/she may be taking part in a recreational activity that presents the potential for personal injury.

I/we, the parents or guardians 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 above.

Parent / Guardian Signature _____

Parent / Guardian Printed Name _____ Date _____