

Cornerstone Community Church Letter of Informed Consent

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

Student Name(s): _____

Activity: TOBOGGANING AT FORT GEORGE HILL

Date of Activity: Friday, November 14, 2019 7:00pm - 9:30pm

Details of the Activity: Youth will meet around the back of Fort George (off of Ricardo Street) at 7:00pm. For supervision of this off-site activity, at least 7 adult leaders will be present. Parents are to pick up youth at 9:30pm at Tim Horton's 443 Mississagua Street, in Niagara-on-the-Lake.

Special Information: Youth are required to have parents complete & sign this waiver and bring it along in order to participate. No washrooms available. We will head over to Tim's for a snack!

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.

Tobogganing is an impact sport and a high risk recreational activity. The risks associated with the activity include but are not limited to: slips, trips, falls, twists, and concussions. Please talk with your child regarding following safety precautions.

Permission Form and Consent:

Student's Name _____ Date of Birth _____

Address _____

Phone Number _____ Parents' Work Number _____

Health Card Number _____

Family Doctor _____ Phone Number _____

In case of an emergency, contact _____

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 Cornerstone Community Church. 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.

Cornerstone Community Church | Plan to Protect® Policy

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Cornerstone Community Church.

I/we, the Parents or guardians named below, authorize the Pastor or one of Cornerstone Community Church 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 Cornerstone Community Church, 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 Cornerstone Community Church, as well as of any medical treatment authorized by the supervising individuals representing Cornerstone Community Church. This consent and authorization is effective only when participating in or traveling to events of Cornerstone Community Church.

I have read, understood and agree with above.

Activity: TOBOGGANING AT FORT GEORGE HILL

Parent / Guardian Signature _____

Printed Name _____ Date _____