

Cornerstone Community Church Letter of Informed Consent

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

Student Name(s): _____

Activity: Year End Bash

Date of Activity: June 20th, 2019

Details of the Activity: Jr. Youth will be celebrating our year end event at Sunset Beach (1 Lombardy Ave, St. Catharines). We will play games on the beach, swim, and have lots of fun!

Special Information: If you are not a strong swimmer, we recommend that you do not swim during this event. Please do not swim beyond your comfort level/swimming ability.

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.

The risks associated with the activity include but are not limited to: *unsafe water play (please know your comfort zone when it comes to swimming)*

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.

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

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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: Year End Bash

Parent / Guardian Signature _____

Printed Name _____ Date _____