

INFORMED LETTER OF CONSENT

Freedom In Christ

Participant Name: _____

Activity: Activate 2019 Overnight Youth Event

Date of Activity: Friday, August 23rd – Monday, August 26th, 2019

Cost of the Activity: \$150 – includes conference fee, meals and accommodations

Details of the Activity: Spending the weekend at Braeside Camp for the PAOC Activate 2019 youth retreat. Spending the night in a cabin at Braeside Camp Friday, Saturday and Sunday nights.

Drop-off: Friday, August 23rd 6pm @ Braeside Camp (110 East River Road, Paris, ON)

Pick-up: Monday, August 26th 12:30pm @ Braeside Camp

Activate is an extended weekend retreat for students, to prepare them to go back to school on-fire for Jesus and re-focused on the Great Commission. The weekend's events include General Sessions with worship and speakers, game and activities, swimming, meals, team building and late-night entertainment.

Special Information:

WHAT SHOULD I BRING TO ACTIVATE?

Sleeping bag, pillow, toiletries, towel, one-piece bathing suit (or shirt to wear over top), refillable water bottle, sports/casual clothes, running shoes, flip-flops/sliders, shades/hat (for the sun), rain jacket/umbrella (to protect from the rain), Bible, pen, notebook, watch (or something to tell time with **other than a phone or device**), and tuck shop money (your meals are provided, but you might be interested), a favourite game, and snacks if you would like.

WHAT SHOULDN'T I BRING TO ACTIVATE?

The use of **phones or tablets will not be permitted**. Electronics will not be permitted during services or other scheduled activities, so let's not bother bringing them. We will not be responsible for lost or stolen items, so don't bring anything valuable.

Also, **don't bring anything with NUTS in it**. Let's keep everyone safe.

Parents - If you need to contact us during the weekend please call Andrew Winger at 519-577-2650. He will return your call as soon as possible.

Dear Parent/Guardian:

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 the participants 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:

Injuries due to activities and games, such as bruises, sprains, scrapped knees etc.

The activity of swimming involves certain inherent risks, dangers and hazards that may cause serious personal injury, including death, severe paralysis or brain injury necessitating long term care and significantly impairing enjoyment of life or life activities.

The above-described injuries and other injuries, including but not limited to: concussions; serious neck and spinal injuries potentially resulting in complete or partial paralysis; brain damage; blindness; serious injury to all internal organs; serious injury to all bones, joints, ligaments, muscles and tendons; contusions; dislocations; sprains; strains; and fractures, may occur as a result of participating in this sport.

PERMISSION FORM AND CONSENT

Participant's Name:		
Date of Birth:		
Address:		
Health Card Number:		
Family Doctor/Phone:		
Parent/Guardian Name(s):		
Relationship to Child:		
Home Phone:		
Work Phone:		
Cell Phone:		

EMERGENCY CONTACT INFORMATION (Other than Parent/Guardian)	
Name:	
Relationship to Child:	
Phone Number:	

I voluntarily agree and consent to the participation of the above named child 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 Freedom in Christ Assembly. I understand that I am exposing the participant to inherent risks and hazards. I accept all these risks and hazards and agree that by allowing this child to participate in those activities, and acknowledge that I will be responsible for any injury or other loss which may occur during the participation in these activities.

I, named below, undertake and agree to indemnify and hold blameless Freedom in Christ Assembly, its personnel, its Directors and Board from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of Freedom in Christ Assembly, as well as of any medical treatment authorized by the supervising individuals representing Freedom in Christ Assembly. This consent and authorization is effective only when participating in or traveling to events of Freedom in Christ Assembly.

Photos/Videos

Please sign below to grant permission for the reasonable use of pictures or video containing your child in any or all of the following ways:

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Brochures/Promotional Material | <input type="checkbox"/> Church |
| <input type="checkbox"/> Website/Social Media/Video | <input type="checkbox"/> Newsletters |

I have read, understood and agree with the above.

Parent/Guardian Signature	
Printed Name	
Date	