

Off-Site Activity Consent Form

Event Name: _____

Event Location: _____

Event Date: _____

Generations Church

1300 Princess Royal Ave
Nanaimo BC
Canada
V9S 5J5

Phone: 250-753-0258
Phone: 250-753-0259
www.generations.ca

Student Information

Student Name:	
Address:	
State/Province:	
Zip/Postal Code:	
Birthdate:	
CARE CARD #:	
Home Phone:	

Parent Information (Emergency Contact)

Name (1):	
Address:	
State/Province:	
Zip/Postal Code:	
Home Phone:	
Work Phone:	
Cell Phone:	
Relationship:	

Consent

For your information, we expect each student to conform to basic rules of conduct: No possession or use of alcohol, drugs, or tobacco; No fighting, weapons, fireworks, lighters, or explosives; Voluntary participation; Respect for property, one another, staff, and adult leaders; Compliance with event schedules.

Students who fail to comply with these expectations may be sent home at their parents expense. Off site activities carry increased risks beyond the scope of a standard youth event including burns, soft-tissue injuries and accidents related to outdoor activities. By signing this release, you acknowledge that you understand there are inherent risks involved, and hereby release Generations Church (the Church), and its pastors, employees, volunteer workers, and drivers (its agents) from any and all liability for any injury, loss, or damage to person or property that may occur during the course of your child's involvement in this event, including transportation to and from the event.

In the event that he/she is injured and requires medical attention, you consent to any reasonable medical treatment as deemed necessary by trained medical personnel. In the event treatment is required from a physician and/or hospital personnel chosen by the Church, or the hosting venue, you agree to hold all parties free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. You also acknowledge that you will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by your health insurance provider. Should your child / dependant become ill, or if deemed necessary by the Church or its agents due to noncompliance with the above basic rules of conduct, you also agree to bring your child home at your own expense.

I, the legal guardian of the student named on this form have read the rules of conduct, discussed them with my child, and the terms of this release, and I grant permission for the said student to participate in this event.

Name (2):	
Address:	
State/Province:	
Zip/Postal Code:	
Home Phone:	
Work Phone:	
Cell Phone:	
Relationship:	

Please list any allergies or special needs:

Signature of Authorized Person