

INFORMED LETTER OF CONSENT Freedom In Christ

Participant Name: _____

Activity: Redefine Youth Nights, Youth LIT Team, Serving on Ministry Teams

Date of Activity: September 1, 2019-August 31, 2020

Cost of the Activity: FREE

Details of the Activity:

**Please note that not all programs will apply to your child.*

Regular Youth Nights - Fridays from 6:30-9:00pm

Will include bible studies, indoor and outdoor games and activities.

Youth Leaders in Training (LIT) Team – The first Wednesday of each month from 5:00-8:30pm

Will include dinner, Deep Roots Prayer & Worship service, and Youth LIT Team meeting.

Serving on Ministry Teams – during regular programming. This would include, but is not limited to, KidzConnect on Wednesday evenings and Sunday morning services.

Special Information:

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 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:		
Email Address:		

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

MEDICAL CONDITIONS
Please list any medical conditions that we should be aware of:
Will you child be bringing any form of medication to this event: <input type="checkbox"/> Yes If yes, please complete Medication Consent Form. <input type="checkbox"/> No

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

I grant permission for the reasonable use of pictures or video containing my child in any or all of the following ways:

☐ Brochures/Promotional material, Church, Website/Social Media/Video and/or Newsletters

I have read, understood and agree with above.

Parent / Guardian Signature _____

Printed Name _____ Date _____