

## INFORMED LETTER OF CONSENT Freedom In Christ

Participant Name: \_\_\_\_\_

Activity: Pool Party at the Stroud's

Date of Activity: Saturday, July 13<sup>th</sup>, 2019

Cost of the Activity: FREE

### Details of the Activity:

The Stroud's Home – 55 Ridgeview Crescent, Waterloo

Drop-off – 5pm

Pick-up – 8pm

**Special Information:** We will be having hot dogs for dinner. Remember to bring your swimsuit, towel and sunscreen. Please also bring a snack to share!

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, scraped 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 Number \_\_\_\_\_

Parent/Guardian's Name(s) \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Work Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

**Emergency Contact (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:

- Brochures/Promotional material
- Church
- Website/Social Media/Video
- Newsletters

I have read, understood and agree with above.

Parent / Guardian Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_