

## INFORMED LETTER OF CONSENT – Freedom Kids Camp 2024

### Freedom In Christ

Participant Name 1: \_\_\_\_\_

Participant Name 2: \_\_\_\_\_

Participant Name 3: \_\_\_\_\_

**Date & Cost:**

July 2<sup>nd</sup> - 5<sup>th</sup> - \$60/child

August 12<sup>th</sup> - 16<sup>th</sup> - \$75/child

**Time:**

9am - 3:30 pm

**Details of the Activity:**

At Freedom Kids Camp your child(ren) will embark on a journey filled with fun activities and valuable lessons. Throughout the camp, children will discover the boundless love of God through engaging crafts, games, activities, and teaching.

*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 various activities.**

**Special Information:**

Activities will take place both inside and outside the Pavilion at 1643 Bleams Road

Please remember to pack your child's lunch (nut free) and one snack for the day. We'll provide an additional snack to keep their energy levels high. Additionally, ensure your child brings a water bottle and comes dressed to play with sunscreen applied, and more to re-apply throughout the day. Children are encouraged to come dressed to play with proper footwear for safe and enjoyable participation in all activities.

If you have any questions, feel free to connect with us at any time.

Phone: 519-741-5675

Erin Jamieson

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Assistant Pastor

**PERMISSION FORM AND CONSENT**

<b><i>Participant 1 Name:</i></b>		
<b>Date of Birth:</b>		
<b>Health Card #</b>		
<b><i>Participant 2 Name:</i></b>		
<b>Date of Birth:</b>		
<b>Health Card #</b>		
<b><i>Participant 3 Name:</i></b>		
<b>Date of Birth:</b>		
<b>Health Card #</b>		
<b><i>Participant 4 Name:</i></b>		
<b>Date of Birth:</b>		
<b>Health Card #</b>		
<b>Participant(s) Address</b>		
<b>Family Doctor/Phone:</b>		
<b>Parent/Guardian Name(s):</b>		
<b>Relationship to Child:</b>		
<b>Home Phone:</b>		
<b>Work Phone:</b>		
<b>Cell Phone:</b>		
<b>Email Address:</b>		

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

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 travelling 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 \_\_\_\_\_