LETTER OF INFORMED CONSENT: Crossroads Trip Aug 18, 2022

Details of the Activity:

* Trip to Crossroads Studios, Burlington, Ontario
* Transportation to and from the studio is provided by the vehicles of church group leaders, 9:15am departing from church and returning at 11am to complete the camp day.
* Participants will be engaged in a walking tour of the studio.
* The church group is bringing min. 1 leader per 10 students.

Dear Parent:

This activity requires your permission prior to participation. Please complete and sign this form.

**Permission Form and Consent:**

Church Name: *North Burlington Baptist Church* *(NBBC)*

Youth Leader’s Names: *Wayne Dewhurst, Michelle Dewhurst*

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Card Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any special needs of which we should be aware (dietary, disability, allergies): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Phone Number 1:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Phone Number 2:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**In case of an emergency, parent phone numbers will be called.**

Alternate contact number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for (name, relationship): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby consent to the participation of my/our 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 NBBC. I/we understand and accept these risks and agree that by allowing my child to participate in those activities, he/she may be taking part in a recreational activity that presents the potential for personal injury.

I/we, the parents or guardians named below, authorize the Youth Ministry Leaders to sign a consent for medical treatment and to authorize any physician, dentist or hospital to provide medical assessment, treatment or procedures for the participant named above.

I/we, named below, undertake and agree to indemnify and hold blameless North Burlington Baptist Church, its personnel, its Staff and Board from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of NBBC, as well as of any medical treatment authorized by the supervising individuals representing NBBC. This consent and authorization is effective only when participating in events of the NBBC.

I also grant permission for the reasonable use of pictures or video of my child in any NBBC publications (in print, online or other media yet to be invented).

I have read, understood and agree with above.

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

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

Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_