

# **INFORMED LETTER OF CONSENT**

## **Small Group Parties Grade 7 Boys**

**Activity:** Rec Room at West Edmonton Mall

**Date:** Wednesday, November 13th, 2019

**Time of Activity:** 6:30-8:30pm

**Cost:** \$15

**Details of activity:** Drop off and pick up is at the West Edmonton Mall (entrance 40)

The leaders will be at the entrance when students are dropped off and picked up.

**780-940-5124 (Pastor Dan) 587-594-2120 (Adrian)**

Dear Parent: 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. The safety of your child is our primary concern. Precautions will be taken for their wellbeing and protection.

### **Permission Form and Consent:**

Student's Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Parent's Cell Number \_\_\_\_\_

**In case of emergency, contact** \_\_\_\_\_

I hereby consent to the participation of my/our student 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 St. Albert Alliance Church. 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 injury.

I/we, the parents or guardians named below, authorize the Pastor or one of St. Albert Alliance Church's Personnel to sign a consent for medical treatment and to authorize and physician 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 St. Albert Alliance Church, 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 St. Albert Alliance Church, as well as of any medical treatment authorized by the supervising individuals representing St. Albert Alliance Church. This consent and authorization is effective only when participating in or traveling to events of St. Albert Alliance Church.

I have read, understood and agree with above.

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

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