

2020-2021 BREAK OUT PARENTAL CONSENT & LIABILITY RELEASE FORM

STUDENT'S NAME _____ AGE _____ BIRTH DATE _____

ADDRESS _____

PHONE _____ SCHOOL _____ GRADE _____

PARENT(S)/GUARDIAN NAME(S) _____

WORK PHONE(S)/ CELL PHONE(S) _____ / _____

ALLERGIES OR MEDICAL CONDITIONS: _____

DOCTOR'S NAME: _____ MEDICAL CARE CARD NUMBER: _____

EMERGENCY CONTACT PERSON/PHONE # (in case parent/guardian cannot be reached): _____

LIABILITY RELEASE:

While every precaution is taken for the safety and good health of your child, some activities including transportation carry with them the inherent risk of personal injury. Your permission is required to provide this transportation. Please carefully read the following information and consent form. If you are in agreement, please sign this and return it to the church.

I give my permission for my child to participate in Break Out activities, both in the church building and, including trips away from the church premises. I also give permission for my child to ride in any vehicle driven by an approved adult chaperone while attending the Break Out activities. I understand that SEAT BELTS WILL BE WORN AT ALL TIMES during transportation.

I will discuss with my child: that they are to respect each other, the vehicle they drive in, and the people they travel with during the trip - that accidents do happen – that they are to remain in their seats and not be disruptive to the driver of the vehicle.

I/we, the parents or guardians named below, authorize the Director or sponsors of North Peace MB Church to sign consent for medical treatment and to authorize any physician or hospital to provide medical assistance, treatment or procedures for the participant named above.

I/we, named below, undertake and agree to indemnify and hold blameless North Peace MB 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 the group, as well as of any medical treatment authorized by the supervising individuals representing North Peace MB Church. This consent and authorization is effective only when participating in or travelling to events of the North Peace MB Church.

For each event in the upcoming year I will review with my child and adhere to the below listed Covid-19 regulations:

I have not experienced symptoms of fever, fatigue, difficulty in breathing, or dry cough or exhibiting any other symptoms relating to COVID-19 with the last 14 days.

I will monitor my health & that of my household's & will not attend any youth events if COVID-19 symptoms are present.

I have not, nor any member(s) of my household, traveled by sea or by air, internationally within the past 14 days. (if we do we will self-isolate for 14 days before returning to youth)

I have not been, nor any member(s) of my household, diagnosed to be infected with the COVID-19 virus within the last 14 days.

I have read, understood and agree to the above.

Over _____ →

TO WHOM IT MAY CONCERN:

I give permission for my child: _____ (Student), to attend and participate in BREAK OUT EVENTS sponsored by the North Peace MB Church in the 2019-2020 school year.

Parent/Guardian Signatures _____ / _____ Date _____

Printed Name _____

I also give my consent to have my son/daughter pictures used by the church for church related use brochures, website, etc.

Yes _____ No _____