



Rockcliff Pentecostal Church

LETTER OF INFORMED CONSENT

To be used for all off-site trips and activities of increased risk.

Information received is confidential and is being gathered for the purposes of serving your Child while in the care of Rockcliff Pentecostal Church Any medical information collected here serves to authorize Rockcliff Pentecostal Church, and its Staff and Volunteers, to obtain medical assistance in emergencies.

Student Name(s): _____

Activity: **SKY ZONE TRAMPOLINE PARK** Date of Activity: **Friday, August 30, 2019**

Details of the Activity: **Leaving RPC 1 pm sharp! Returning at approximately 10 p.m. Youth Leaders will be driving.**

Special Information: **Wear appropriate clothing for trampoline.**

Cost: **\$25 /person. Permission form, waiver and money due by Sunday, August 25th. Bring extra cash for supper.**

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. Please note that all physical activities have risks. The safety of your Child 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:

From Sky Zone’s Website: Sky Zone is designed for everyone, and we want to make sure you fly safe. We ask that you become familiar with and abide by the rules below and view the Sky Zone rules video and signage in park and at the Safety Zone. Remember, stay in your comfort zone. Do not attempt any activity, flip, jump, or trick you don’t think you can handle. Flips or other tricks can be dangerous, so perform at your own risk. Jumpers should not engage in court activities without a Sky Zone Team Member present. Failure to adhere to any of these or other rules at Sky Zone can/will result in the loss of your jump time. Thank you for always following our safety guidelines.

DISCLAIMER: **Everyone that enters the Sky Zone court or activity zone must have completed and signed a valid Sky Zone waiver. Those under 18 must have it signed/completed by their parent, legal guardian, or someone with power of attorney. **

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Permission Form and Consent:

Student's Name _____ Date of Birth _____

Address _____

Phone Number _____ Parents' Work Number _____

Health Card Number _____

Family Doctor _____ Phone Number _____

In case of an emergency, contact _____

I voluntarily agree and consent to the participation of my/our Child(ren) 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 Rockcliffe Pentecostal Church. I/we understand that I am exposing my Child to inherent risks and hazards. I accept all these risks and hazards and agree that by allowing my Child to participate in those activities, and acknowledge that I will be responsible for any injury or other loss which may occur during my Child's participation of these activities.

I/we, the Parents or guardians named below, authorize Pastor _____ or one of Rockcliffe Pentecostal Church _____ Program Personnel to sign consent for medical treatment and to authorize any 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 Rockcliffe Pentecostal Church, its Personnel, its leaders and Board from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of Rockcliffe Pentecostal Church, as well as of any medical treatment authorized by the supervising individuals representing Rockcliffe Pentecostal Church This consent and authorization is effective only when participating in or traveling to events of Rockcliffe Pentecostal Church I have read, understood and agree with above.

Activity: _____

Parent / Guardian Signature _____

Printed Name _____ Date _____

Witness Signature _____

Witness Printed Name _____

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