

Olivet Baptist Church Letter of Informed Consent

Dear Parent:

We are planning the Amazing Race as part of our programming, as an off-site event it requires your permission prior to participation. We have provided you with 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.

Student Name(s): _____

Activity: The Amazing Race: Burnaby-New Westminster

Date of Activity: September 22, 2018 1:00pm-4:00pm approx.

Details of the Activity: Students will be put into groups of eight and sent on a scavenger hunt style race across Burnaby and New Westminster. The hunt will begin and end at Southside Community Church (7135 Walker Ave, Burnaby). Groups will be mixed to include older and younger students as a safety precaution.

Special Information: Students should bring a compass card or appropriate amount of money for SkyTrain use (roughly two trips between Edmonds and New West station).

It is recommended that they wear athletic shoes and clothing—that they don't mind getting a bit messy!

The risks associated with the activity include but are not limited to: Possibility of injury in the games at each station, the potential to get lost navigating the city—though supervisors will be present and every group will be insured to have a member with a cell phone in case of emergency.

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 Olivet Baptist Church (Olivet). 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 the pastor or one of Olivet's 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 Olivet, 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 Olivet, as well as of any medical treatment authorized by the supervising individuals representing Olivet. This consent and authorization are effective only when participating in or traveling to events of Olivet.

I have read, understood and agree with above.

Activity:

Parent / Guardian Signature:

Printed Name _____ Date _____

Witness Signature _____

Witness Printed Name _____