PARTICIPANT'S NAME:_____

EVENT	High School Core Group Picture Scavenger Hunt
TIME & DATE	7:00-9:30pm Thursday, April 25, 2019
LOCATION	Around Abbotsford
COST	Free
WHAT TO BRING	Yourself
ADULTS ATTENDING	Janaya Friesen, Janelle Delwo, Josh Brown, Timb Shaw
CONTACT INFO	Pastor Josh Brown cell: 778-846-3486 email josh@gebc.ca
OTHER	We will be travelling around Abbotsford taking pictures at various different locations. Pick up and drop of will be at the church.

PARENTAL CONSENT AND INDEMNITY AGREEMENT

I _____ (parent or guardian) give permission for _____ (youth) to participate in the **Photo Scavenger Hunt** youth event organized by Grace Church. On behalf of my son/daughter I acknowledge that adhering to instructions and guidance from the staff and volunteers of Grace Church is in their best interests and that my conduct will be in accordance to rules and regulations imposed. I am aware of the risks inherent in the particular activity. I acknowledge the fact that at any time Grace Church may refuse to allow participation to any persons who are a hazard to themselves or other participants involved in the activity.

I AGREE TO SAVE HARMLESS AND INDEMNIFY GRACE CHURCH, ITS OFFICERS, EMPLOYEES, AGENTS, REPRESENTATIVE, VOLUNTEERS AND INDEPENDENT CONTRACTORS (THE INSTITUTION) from any cause of action, suit, claim or liability of any kind whatsoever arising out of any cause whatsoever but not limited to negligence on the part of the Institution.

In entering into this Agreement, I am not relying on any oral or written representations or statements made by the Institution, including those in any brochure issued by the Institution, to induce me or my son or daughter to undertake and to participate in the Activity. I confirm that I have read and understood this Indemnity Agreement prior to signing it, and agree that this Agreement will be binding upon me, my heirs, next of kin, executors, administrators, and assigns.

I grant permission for photographs of my son or daughter to be used in Grace Church's brochures and other promotional materials:

YES **NO**

_____

SIGNATURE OF PARENT/GUARDIAN **DATE**

PARENT/GUARDIAN NAME(s): _____

EMAIL : _____ **CELL PHONE:** _____

DOCTOR'S NAME: _____ **DOCTOR'S PHONE:** _____

MEDICAL NUMBER: _____

PLEASE LIST ANY ALLERGIES OR MEDICAL CONDITIONS AND APPLICABLE MEDICATIONS:

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