| EVENT TIME & DATE LOCATION COST WHAT TO BRING ADULTS ATTENDING CONTACT INFO OTHER | Laser Tag 6:30pm - 9:00pm, August 19, 2019 19033 54 ave Langley \$15 Athletic wear Josh Brown Pastor Josh Brown cell: 778-846-3486 email josh@gebc.ca Pick up and Drop off at Grace Church |
|--|--|
| PARENTAL CONSENT AND INDEMNITY AGREEMENT | |
| I | |
| 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: | |
| materials. | YES NO |
| SIGNATURE OF PARENT/GUARDIAN DATE | |
| DADENT/GHARDIAN NAME(| s): |
| · | CELL PHONE: |
| | DOCTOR'S PHONE: |
| MEDICAL NUMBER: | |
| PLEASE LIST ANY ALLERGIES OR MEDICAL CONDITIONS AND APPLICABLE MEDICATIONS: | |
| | |

PARTICIPANT'S NAME:_____