

PEN CITY YOUTH

2017 Spark Conference Trip Consent & Authorization Form

Purpose & Extent

Bethel Pentecostal Tabernacle is collecting and retaining this personal information for the purpose of enrolling your child in the **SPARK Conference to be held at CLA in Langley BC on October 13-14, 2017**. This information will be maintained permanently as it is a requirement of our insurance company and legal counsel. If you wish Bethel Church to limit the information collected, or to view your child's information, please contact us.

Consent and Release

Name of Trip Participant: _____ DOB: _____

Parent/Guardian Name: _____

Parent/Guardian Phone #: _____ Address: _____

Does your child have any medical conditions or allergies? _____

List of medications they are taking: _____

Care Card #: _____ Emergency Contact #: _____

I/We, the parents or guardians named above, **understand the risks involved** in the 2017 Spark Conference trip. includes, but are not limited to, loss of personal items, falls, vehicle crashes, personal injury, death, falls and all other unforeseen travel and event related risks.

I/We, the parents or guardians named above, authorize the ministry staff of Bethel Pentecostal Tabernacle to sign a **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 above, undertake and **agree to indemnify and hold blameless** the ministry staff, Bethel Pentecostal Tabernacle, its pastors and Board of Elders from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of the Bethel Pentecostal Tabernacle 2017 Spark Conference Trip as well as of any medical treatment authorized by the supervising individuals representing the church. This consent and authorization is effective only when participating or traveling to the event of the Bethel Church 2017 Spark Conference Trip.

Parent/Guardian Signature: _____ Date: _____