

GCBC

Letter of Informed Consent

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

Student Name(s): _____

Activity: Winter Retreat

Date of Activity: February 9th-->11th

Details of the Activity: *Winter Retreat at Keats Camp*

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. The safety of your Child is our primary concern. Precautions will be taken for their wellbeing and protection.

Permission Form and Consent:

Student's Name _____ Date of Birth _____

Address _____

Phone # _____ Parents' Work #r _____

Health Card Number _____

Family Doctor _____ Phone Number _____ In

case of an emergency, contact _____

I hereby 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 GCBC. I/we understand and accept these risks and agree that by allowing my Child to participate in those activities, he/she may be taking part in a recreational activity that presents the potential for personal injury.

I/we, the Parents or guardians named below, authorize the Pastor or one of GCBC 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 GCBC, its personnel, its leaders and Council from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of GCBC, as well as of any medical treatment

authorized by the supervising individuals representing GCBC. This consent and authorization is effective only when participating in or traveling to events of GCBC.

I have read, understood and agree with above.

Activity: _____

Parent / Guardian Signature _____

Printed Name _____ Date _____