

WESTWINDS COMMUNITY CHURCH
STUDENT ACTIVITY RELEASE FORM
www.livethecause.com

The CAUSE Youth
6331-176 St. ~ Surrey, BC
V3S 4E9 ~ 604-576-9407

Name: _____ Age: _____ (please circle) Male / Female
Email: _____ Care Card #: _____
Address: _____ City: _____ Province: _____ PC: _____
Home Phone #: _____ Student's Cell #: _____
Emergency Contact: _____ Contact #: _____
Allergies: _____ Medications: _____

For your information, we expect each student to conform to these rules of conduct:

- No possession or use of alcohol, drugs, or tobacco
- No offensive or immodest clothing
- No fighting, weapons, fireworks, lighters, or explosives
- Participation with the group is expected
- Respect one another, property, and adult leaders
- Respect and comply with event schedules
- No boys in girls' sleeping quarters and no girls in boys' sleeping quarters

Student's who fail to comply with these expectations may be sent home at their parents' expense.

I, the student, have read the rules of conduct and have permission to participate in this student ministry event. I agree to abide by the stated code of conduct.

Student's signature: _____ **Date:** _____

Activities may include, but are not limited to: camping, boating, water skiing, swimming, water trampoline, water slides, wakeboarding, basketball, tubing, games in the park, soccer, hockey, ice skating, bonfires, capture the flag, mud football, concerts, gargoyles, inflatable's, and human foosball. I also give Westwinds Community Church permission to post appropriate photos of my child's participation at this event on fliers, webpage, video and/or other church related sources. *Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the church student pastor prior to that event.*

_____ has my permission to attend
NAME OF STUDENT

All-nighter
EVENT

sponsored by **Westwinds Community Church on/from**

December 15-16
DATE OF TRIP

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named student.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Westwinds Community Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release Westwinds Community Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by Westwinds Community Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

Parent/guardian signature: _____ **Date:** _____