

# PEN CITY YOUTH

## 2017 AWAKEN 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 **AWAKEN Conference to be held in Grand Forks, BC on October 20-22, 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 AWAKEN 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 AWAKEN 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 AWAKEN Conference Trip.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_