



## INFORMED LETTER OF CONSENT

Student Name(s): \_\_\_\_\_

**Activity:** Bacon Roast

**Grades:** 7-12

**Date of Activity:** Wednesday, September 13, 2023

**Details of the Activity:**

**Time:** 6:30pm – 8:30pm

**Where:** Benke's ~ 54210 RR262 Sturgeon County, AB

**Mode of Transportation:** Please arrange your own travel to and from this event

**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 Number \_\_\_\_\_ Parents' Work Number \_\_\_\_\_

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 SVBC. 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 Director or one of the SVBC Personnel 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 below, undertake, and agree to indemnify and hold blameless SVBC, its personnel, its Directors and Board from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of SVBC, as well as of any medical treatment authorized by the supervising individuals representing SVBC. This consent and authorization is effective only when participating in or traveling to events of SVBC.

I have read, understood, and agree with the above.

Parent / Guardian Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_