

Dear parents and guardians,

We are so excited and looking forward to our summer camp coming up on August 25-29. This is a camp where they stay overnight each of the nights in multiple cabins and the days are filled with amazing activities from sports and games as well as worship. We are combined with two other churches one being The House church from Kelowna and Broadway church in Burnaby. I know each of them personally and have been working very hard to make this camp a huge success as we look forward to over 100 youth to come and get to know each other and grow closer to God.

Bigger Details

**The cost is \$350 per student** to be paid before August 22, 2024.

This year pick up and drop off will be at Camp Luther(9311 Shook Rd, Mission 1, BC V2V 7M2)

Drop off time: 1:00pm at Camp Luther

Pick up time: 10:30am at Camp Luther

If your child/children would like to participate in this activity, please fill out the attached consent form and email it to me at [family@rpcchurch.ca](mailto:family@rpcchurch.ca) or hand in a physical copy by Friday August 22.

Thank you,

Seth Kelman  
Student Ministries Pastor  
Richmond Pentecostal Church

**INFORMED CONSENT WAIVER**

Student / Participant Name: \_\_\_\_\_ Date

of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Home

Address: \_\_\_\_\_ Home Phone:

\_\_\_\_\_ Business Phone: \_\_\_\_\_

Cell / Mobile Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

Any Allergies: \_\_\_\_\_

If so please describe them : \_\_\_\_\_

Date of Event/Field Trip: August 25-29 Type of Field Trip: Summer Camp

Destination: Camp Luther(9311 Shook Rd, Mission 1, BC V2V 7M2)

Individual(s) in Charge: Hannah Vicente/Pastor Krystle Oudit

I, \_\_\_\_\_, grant permission for \_\_\_\_\_  
Parent or Guardian's Name Child's Name

to take part in the activity described above and agree that Richmond Pentecostal Church will not be held responsible for any injuries or illnesses that my child sustains during the activity.

I hereby authorize an adult leader of the activity, as an agent of myself, to seek emergency medical treatment if deemed necessary by said adult leader.

In the event that I cannot be contacted in an emergency, I authorize the physician or hospital selected by the leader to provide treatment, including hospitalization, for my child.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## ***Consent form for the use of photography or video (parent and children)***

Richmond Pentecostal recognise the need to ensure the welfare and safety of all young people taking part in any activity associated with our organisation.

In accordance with our child protection policy we will not permit photographs, video or other images of young people to be taken without the consent of the parents/carers and children. As your child will be taking part in our Ignite ( preteen night) , that will take place at the church we would like to ask for your consent to take photographs/videos of the event or activity that may contain images of your child. It is likely that these images may be used as

- a record of the activity or the event
- in a written evaluation report of the activity or event that will be viewed by RPC.
- publicity material for further activities or events on leaflets/websites/magazines
- illustrations of the activities or events in published articles
- future grant applications

Richmond Pentecostal church will take all steps to ensure these images are used solely for the purposes they are intended. If you become aware that these images are being used inappropriately you should inform us immediately.

**By signing below, I hereby give Richmond Pentecostal Church permission to take photographs and/or a video of my child.**

Name of Child:

Name of Parent/Guardian:

Date:

Signature of Parent/Guardian: