



Rockcliffe Pentecostal Church
INFORMED LETTER OF CONSENT
For off-site and activities of increased risk

*Information received is confidential and is being gathered for the purposes of serving your Child while in the care of Rockcliffe Pentecostal Church. Any medical information collected here serves to authorize Rockcliffe Pentecostal Church, its Staff, and Volunteers to obtain medical assistance in emergencies. **Please read carefully!***

ACTIVITY: **SR Youth at Splash-On Water Park, Barrie** (Massive outdoor inflatable water park)

DATE OF ACTIVITY: **Saturday, August 9, 2025**

DETAILS OF ACTIVITY: Meet in Rockcliffe's parking lot. Leaving RPC 10:15AM and returning to RPC at 9:00PM.

WHERE: **Splash ON Water Park, 55 Lakeshore Dr, Barrie, ON L4M 4T5**

COST OF THE ACTIVITY: **\$40 plus food money**

EVENT INFORMATION:

Who is supervising: **SR Youth Leaders**

Transportation: **SR Youth Leaders' Vehicles**

What you need to bring: **Swimsuit, Towel, Sunscreen, Money for Food**

Dear Parent:

We are planning an activity as part of our programming that requires your permission prior to participation. We have provided you with the details of the activity and request that you complete and sign the permission form. Please note that all physical activities have risks. The safety of your child is our primary concern. Precautions will be taken for their wellbeing and protection.

The risks associated with the activity include but are not limited to: **Please see the Splash ON Waiver**

Permission Form and Consent:

Student's Name _____ Date of Birth _____

Address _____

Phone Number _____ Parents' Work Number _____

Student Information (allergies, special needs, etc.) _____

Health Card Number _____

Family Doctor _____ Phone Number _____

In case of an emergency, contact _____

I voluntarily agree and 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 Rockcliffe Pentecostal Church. I/we understand that I am exposing my child to inherent risks and hazards. I accept all these risks and hazards and agree that by allowing my child to participate in those activities and acknowledge that I will be responsible for any injury or other loss which may occur during my child's participation of these activities.

I/we, the parents or guardians named below, authorize **PHILIP SMITH** or one of Rockcliffe Pentecostal Church's Program 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 Rockcliffe Pentecostal Church, its Personnel, its Leaders, and Board from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of Rockcliffe Pentecostal Church, as well as of any medical treatment authorized by the supervising individuals representing Rockcliffe Pentecostal Church. This consent and authorization is effective only when participating in or traveling to events of Rockcliffe Pentecostal Church.

I have read, understood and agree with above.

Parent / Guardian Signature _____

Printed Name _____ Date _____

Witness Printed Name _____

Witness Signature _____