

Youth Getaway Waiver Form

Fri-Sat, May 1-3, 2026

Name of Student *

First Name

Last Name

Provincial Health Insurance Number of Student *

Name of Parent/Guardian *

First Name

Last Name

Parent/Guardian Ph. # *

Area Code

Phone Number

Parent/Guardian E-mail *

example@example.com

Does your child have any allergies (Bee stings, nuts, food, penicillin, other drugs)? *

No

Yes

Other

Is your child bringing any medication with him/her (Antibiotics, ventilator, Ritalin, etc.)? *

No

Yes

Other

Does your child have any physical, emotional, mental, or behavioral concerns or limitations that our staff should be aware of? *

No

Yes

Do you grant permission for future reasonable & safe use of pictures/video containing your child/teenager (i.e. social media, website, newsletters, bulletin, etc.). *

No

Yes

The Youth Getaway event is held in Abbotsford, BC. Your teenager will be transported in vehicles driven by our qualified volunteers and staff. Your teenager will also be staying in a hotel chaperoned by our qualified volunteers and staff who are required to adhere to our child and youth protection policy ("Plan to Protect"). Precautions are taken for the safety and health of your child, but there is a risk of accident or illness. In such a case, *Living Waters Church*, its staff, and its volunteers are hereby released from any liability. In the event that your child requires special medication, x-rays or treatment, we will make every effort to notify the parents/guardians immediately.

Understanding the above do you allow your child/teenager to attend the Youth Getaway event in Abbotsford, BC on May 1-3, 2026? *

Yes

No