

## INFORMED LETTER OF CONSENT

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

Activity: One Conference

Date of Activity: June 2 & 3, 2023

**Details of the Activity:** *We will be at the Moncton Coliseum on June 2nd to June 3rd. Our sleeping arrangements will be at a local hotel. Students will sleep 4 students to a room with leaders monitoring from the halls. Youth leaders will use rental cars and pre approved personal vehicles for transporting students.*

**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 well being and protection.

### Permission Form and Consent:

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Phone No \_\_\_\_\_ Parents' Work Ph No \_\_\_\_\_

Health Card Number \_\_\_\_\_

Family Doctor \_\_\_\_\_ Ph No \_\_\_\_\_

**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 (organization). 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 Cornerstone Youth 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 Cornerstone Wesleyan Church, 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 the One Conference, as well as of any medical treatment authorized by the supervising individuals representing the Cornerstone Wesleyan Church. This consent and authorization is effective only when participating in or traveling to events of the One Conference.

I have read, understood and agree with above.

Activity: \_\_\_\_\_

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

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