



## Summit Drive Church Consent Form

Student Name: \_\_\_\_\_

Activity: Youth Day Trip – Wells Gray Provincial Park

Date of Activity: August 9, 2023

### Details of the Activity:

On Wednesday, August 9, we will be taking a day trip to Wells Gray Provincial Park, just outside of Clearwater, BC. For transportation, we will be taking a bus to Wells Gray. While in the provincial park, we plan to stop at several viewpoints and go on a short hike or two. Then, we will get some ice cream before heading back. Ben Froese, Pastor of Student Ministries, will be the main person supervising this activity (cell number 778-538-4433). There will also be a number of other adults who will be supervising the activity with Ben.

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 consent form. Please note that all physical activities have risks. The safety of your child(ren) 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: bus transportation, injury while hiking, wildlife.

### Consent Form:

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

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Parents' Number: \_\_\_\_\_

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

Any allergies, dietary restrictions, or medical conditions: \_\_\_\_\_

\_\_\_\_\_

### In case of an emergency, contact:

\_\_\_\_\_

I voluntarily agree and consent to the participation of my/our child(ren) in this supervised activity.



I/we, the parents or guardians named below, authorize Ben Froese, the Pastor of Student Ministries, to sign 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 Summit Drive 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 this activity, as well as of any medical treatment authorized by the supervising individuals representing Summit Drive Church. This consent and authorization is effective only for the date of this activity.

I have read, understood and agree with above.

Parent / Guardian Signature:

\_\_\_\_\_

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