



INFORMED LETTER OF CONSENT

Student Name(s): _____

Activity: Youth Event - West Edmonton Mall, Scavenger Hunt **Date of Activity:** Friday, February 28, 2020

Details of the Activity:

Location: West Edmonton Mall, 8882 170th St. NW, Edmonton, AB

Mode of Transportation: Drop off at WEM Entrance 8. Pickup at WEM Entrance 8.

Time: 7:00 pm – 10:00 pm

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 wellbeing and protection.

While at West Edmonton Mall, your student will be assigned another student as a 'buddy'. By signing, you understand that direct supervision while at the mall will be limited and it will be the responsibility of your student and their 'buddy' to meet at Entrance 8 for 5:30 pm departure. **Pastor Justin's cell phone # (780.932.8339)** will be given to the students when they receive their pass at the mall in case of questions or problems.

Permission Form and Consent:

Student's Name _____ Date of Birth _____

Address _____

Phone Number _____ Parents' Work Number _____

Health Card Number _____

Family Doctor _____ Phone Number _____

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 (organization's) 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 (organization's), 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 (organization), as well as of any medical treatment authorized by the supervising individuals representing the (organization). This consent and authorization is effective only when participating in or traveling to events of the (organization).

I have read, understood and agree with above.

Parent / Guardian Signature _____

Printed Name _____ Date _____