



## Letter of Informed Consent

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

**Activity:** Youth Retreat ~ Change Conference

**Cost:** \$225/person

**Date of Activity:** Friday, May 3, 2024 to Sunday, May 5, 2024

### Details of the Activity:

#### Destination:

- **Conference:** Foothills Alliance Church, 333 Edgepark Blvd NW, Calgary, AB
- **Accommodation:** Grace Baptist Church, 2670 Radcliffe Dr. SE, Calgary, AB
- **Mode of Transportation:** via Bus
  - **Leaving** SVBC at 2:30pm Friday, May 3, 2024 ~ please arrive 15-20 minutes prior to this time
  - **Returning** to SVBC at approximately 3:30pm Sunday, May 5, 2024

### 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.

### 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 Sturgeon Valley Baptist Church. 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 Pastor or one of Sturgeon Valley Baptist Church personnel 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 Sturgeon Valley Baptist 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 Sturgeon Valley Baptist Church, as well as of any medical treatment authorized by the supervising individuals representing Sturgeon Valley Baptist Church. This consent and authorization is effective only when participating in or traveling to events of Sturgeon Valley Baptist Church.

I have read, understood and agree with above.

Activity: Youth Retreat - Change Conference

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

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