

CHURCH OF THE ROCK ACTIVITY RELEASE FORM – YOUTH SUMMER 2022

Parent Authorization and Waiver of Risk for Travel

I hereby give my consent for my daughter/son, _____, to participate in the following Threshold JR/High School Ministry/Church of the Rock (COTR) summer events:

Tuesday 1–3 PM Micro Events in July:

July 5 – Walking Trails at Fort Whyte Alive (1961 McCreary Rd)

July 12 – Skateboarding at Michael Komenda Skatepark/Marj Edey Park (911 Fairmont Rd)

July 19 – Basketball Camp at COTR (1397 Buffalo Place)

July 26 – Neighbourhood Bike Ride starting at COTR (1397 Buffalo Place)

Wednesday Events

July 13, 7–9 PM – Mall Hunt at Season of Tuxedo Mall (690 Sterling Lyon Pkwy)

July 20 – *all day* – Beach Day at Birds Hill Provincial Park (Oakbank, MB)

July 27 – 7–9 PM – Mini-golf (\$20) at U-Puttz (423 McPhillips St)

Aug 25 – 7–9 PM – Park Night BBQ at Assiniboine Park (55 Pavilion Cres)

For events at locations other than Church of the Rock 1397 Buffalo Place, (s)he will be travelling by chartered bus, church van, or an approved youth volunteer vehicle.

I understand that neither of the Church of the Rock, adult chaperones, leaders, nor the staff are liable in the event of an accident or injury to my child. I also assume full responsibility for the consequence of my child's actions during these events.

WAIVER OF RISK

I understand that, despite careful and proper preparation, there is still a risk of injury when participating in any activity.

In consideration of Church of the Rock permitting my child to participate in the above activity, I agree to indemnify, defend, hold harmless and release the Church of the Rock, representatives, employees and volunteers against and from any and all claims, suits, losses, costs, damages, expenses, and liability arising out of any act of omission or other occurrence whether or not they are caused by or resulting from this activity, the Church of the Rock and Youth Pastor/Director, or any other participating organization, their agents, representatives, employees, and volunteers during the course of the activity in which he or she is participating.

Emergency Contact

Full Name: _____ Relationship to Student: _____

Phone Number(s): _____

Provincial Health Insurance Information for this Student

Registration Number (6-digit): _____ Personal I.D. Number (9-digit): _____

I authorize COTR's program personnel to sign consent for medical treatment in an emergency.

Declaration of Permission

I, _____, (name of parent/guardian) do hereby give my permission for _____ (name of student) to participate in *Threshold JR/High School Ministry/Church of the Rock* activities in accordance with the terms outlined above.

Signature: _____ Date: _____