

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 August:

Aug 9 – Skateboarding at Michael Komenda Skatepark/Marj Edey Park (911 Fairmont Rd)

Aug 16– Skateboarding at Michael Komenda Skatepark/Marj Edey Park (911 Fairmont Rd)

Aug 23 – Bike Ride starting at COTR (1397 Buffalo Place)

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: _____