



## INFORMED CONSENT FOR GPC SENIOR YOUTH LASER QUEST NIGHT

In order for youth to participate in the following activity, this consent form must be filled out and brought back to the Youth Ministry Leader by Dec. 14, 2018.

<u>Date</u>	<u>Event</u>	<u>Cost</u>	<u>Drop Off Time</u>	<u>Pick Up Time</u>	<u>Transportation Method</u>
Dec. 14, 2018	Laser Quest (Sr. High)	\$25.00	7:00 PM (Grace Point Church)	10:00 PM (Grace Point Church)	Commercial Carrier

### YOUTH INFORMATION AND PARENTAL CONSENT

Youth Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_

***Please complete the following information if NOT already submitted for the 2018-19 Ministry Year***

AB Health Card Number \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

**I hereby consent to the participation of my child 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 Grace Point Church of God. 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 Ministry Lead 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 Grace Point Church of God, 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 Grace Point Church of God, as well as of any medical treatment authorized by the supervising individuals representing Grace Point Church of God. This consent and authorization is effective only when participating in or traveling to events of Grace Point Church of God.

I have read, understood and agree with above.

Signature \_\_\_\_\_

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