

HERITAGE ALLIANCE CHURCH
INFORMED LETTER OF CONSENT

Child(ren) Name(s): _____

Activity: **Chilliwack Corn Maze**

Date of Activity: Sept 30, 2022 Meet @ **6:30PM**. Pick up Time: **9:00PM**

Details of the Activity: **Meet Heritage OASIS group leaders Chilliwack Corn Maze**
Cost: \$15.00 per person. Please bring exact change or cheque made to Heritage Alliance Church

Dear Parent/Legal Guardian:

We are planning the above activity, 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 Heritage Alliance Church 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 Heritage Alliance 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, youth leader, or one of the Heritage's assigned 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 Heritage Alliance Church, its personnel, its Pastors, 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 Heritage Alliance Church, as well as of any medical treatment authorized by the supervising individuals representing Heritage Alliance Church. This consent and authorization are effective only when participating in or traveling to events of Heritage Alliance Church.

I have read, understood and agree with above.

Activity: _____

Parent / Guardian Signature _____

Printed Name _____ Date _____

Alternate Pick Up Consent

[Complete only if someone other than the person above is approved by you, to pick up child(ren).]

I authorize the following person to drop off/pick up my child(ren)

Name _____

Contact _____

Parent Signature _____

Date _____