

PARENTAL CONSENT FORM AND LIABILITY WAIVER

Event: **Granville Chapel Retreat 2017**

Date: **Sept 15-17, 2017**

Destination: **Stillwood Camp & Conference Centre**

Participant's Name: _____

Grade: _____ Age: _____ Birth Date: _____ Gender: _____

Parent/Guardian(s) Name: _____

Street Address: _____

City: _____ Postal Code: _____

Home Phone: _____ Business Phone: _____

For the Retreat, my child will be under the care and responsibility of: _____

I, _____, grant permission for (child's name) _____ to participate in the above named activity and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify Granville Chapel from any claim or law suits brought against Granville Chapel by myself, child or others, that arises out of any behavior by my child at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by Granville Chapel in defense of such a claim/lawsuit.

Consent of transportation:

I give my child permission to be transported by the provided transportation and legal driver as part of his/her participation in the Granville Chapel retreat, by whatever means of transportation the Associate Pastor of Student Ministry or appointed adults deem appropriate.

Consent of release of liability:

I do hereby waive, release, covenant not to sue and forever discharge, to the fullest extent permitted by law, Granville Chapel and its related or connected organizations, officers, agents, employees, representatives, successors, assigns and all other of and from any and all responsibilities, claims, and expenses, personal injury, wrongful death or liability for injuries or damages of any kind resulting from the participation of my child in any Granville Chapel or Stillwood Camp facilities, rented or owned, or arising out of any Granville Chapel activities. I do also hereby indemnify, release and hold harm-less, to the fullest extent provided by law, all of those mentioned and any others acting upon their behalf or in any way arising out of or connected with my child's participation in any activities of the Granville Chapel.

In case of emergency the participant's MSP number is: _____

Doctor name and number: _____

Medical information (Allergies, pre-existing medical conditions, emotional needs):

Parent Signature: _____ Date: _____

Please return this form as soon as possible by: dropping off during church office hours (Tues, Wed, Fridays, 9am - 3pm), OR drop off into our mailbox (located outside next to our 43rd avenue side door) OR mail to 5901 Granville Street, Vancouver, BC, V6M 3C9