**Letter of Informed Consent for Offsite Youth Event**

Details of the Activity: We will be meeting at Mark & Kristen Guesquires, 69 Decou Rd, Simcoe, to have a BBQ, Movie, and Games night on June 22, 2025. Youth going into grade 8 and up are welcome. The event will be from 6:00pm – 9:30pm.

Dear Parent:

We are planning an activity as part of our programming 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. Please note that all physical activities have risks.  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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**In case of an emergency, contact**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby consent to the participation of my/our child(ren) 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 Evergreen Heights Christian Fellowship. I/we understand and accept these risks and agree that by allowing my child to participate in those activities, they 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 or one of Evergreen Heights Christian Fellowship Ministry 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 Evergreen Heights Christian Fellowship, its Personnel, its Board of Elders from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of Evergreen Heights Christian Fellowship, as well as of any medical treatment authorized by the supervising individuals representing Evergreen Heights Christian Fellowship. This consent and authorization is effective only when participating in or traveling to events of Evergreen Heights Christian Fellowship.

I have read, understood, and agree with above.

Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent / Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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