

Waiver / Letter of Informed Consent

To be used for all off-site trips or activities with an increased risk.

Dear Guardians,

By signing this form, you give your child permission to participate in the specified activity and give permission to Bethany Chapel of Calgary to allow your child to participate. Please know that the safety of your child in this activity is our primary concern as all physical activity has risks. Precautions and standards have been put in place for the well-being of all participants.

Permission Form and Consent:

| Participant's Name: | Date of Birth: |
|---|---|
| Guardians Phone #: | Guardians E-mail: |
| Allergies (If applicable): | |
| In case of emergency, contact: Guardian | ☐ Emergency |
| I voluntarily agree and consent to the partici | pation of my/our Child(ren) in this supervised activity. |
| inherent risk of personal injury beyond the Bethany Chapel of Calgary. I/we understand accept all these risks and hazards and agree the | d good health, some sports and activities carry with them the risks associated with many of the recreational activities at that I am exposing my Child to inherent risks and hazards. That by allowing my Child to participate in those activities and any injury or other loss which may occur during my Child's |
| Personnel, its leaders and Board from and agas a result of being part of the activities of Bet | indemnify and hold blameless Bethany Chapel of Calgary, its gainst any loss, damage or injury suffered by the participant thany Chapel, as well as of any medical treatment authorized bethany Chapel. This consent and authorization are effective ents of Bethany Chapel of Calgary. |
| I have read, understood, and agree with the a | above: |
| Parent/Guardian Signature: | |
| | |