



**2018-2019 PARENT/GUARDIAN CONSENT,  
ACKNOWLEDGEMENT OF RISK, WAIVER, RELEASE & INDEMNITY**

**PARENT/GUARDIAN INFORMATION**

**PARENT/GUARDIAN #1**

Parent or Guardian Name: \_\_\_\_\_

*(Please check one)*

**Email Address:\*** \_\_\_\_\_

**Home Phone Number:** \_\_\_\_\_

**Cell Phone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

*Please note that the "PARENT/ GUARDIAN #2" section below only needs to be completed if the Child's parents are separated/divorced and **permission of the other parent is required**, or if there will be a different parent/guardian picking up and dropping off the child from week to week.*

**PARENT/GUARDIAN #2**

Parent or Guardian Name: \_\_\_\_\_

*(Please check one)*

**Email Address:\*** \_\_\_\_\_

**Home Phone Number:** \_\_\_\_\_

**Cell Phone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Comments (optional):**

---

---

---

\*Email Addresses: please note that by providing your email address, you will be signed up to receive monthly parent emails with very important information about news, deadlines, event details, etc. It is **STRONGLY** encouraged that at least 1 parent get these emails in order to stay up-to-date on what is going on in our ministry

**CHILD'S INFORMATION**

Name of Child: \_\_\_\_\_

Male  Female

Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Grade (As of September 2018): \_\_\_\_\_

Regular form of transportation: \_\_\_\_\_

Who is allowed to pick-up the Child?: \_\_\_\_\_

Does the Child have any allergies (dietary, medical, etc), or any other medical concerns or conditions that the Lethbridge First Baptist Church should be aware of (*Please list all*):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY CONTACT**

Name of Emergency Contact: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_ (*if available*)

**MEDICAL CONSENT:** I, the undersigned Parent/Guardian of the Child, hereby authorize the Lethbridge First Baptist Church (which includes its employees, youth leaders, volunteers, and agents), in the event of an apprehended emergency, to administer first aid to the Child and transport or arrange emergency transportation of the Child to a medical facility for medical treatment if required.

Alberta Health Care No: \_\_\_\_\_

**NOTICE TO PARENT/GUARDIAN**

It is a condition to the Child's participation in regular weekly youth activities (the "Activities") held by the Lethbridge First Baptist Church, located at 1614 5 Ave S, Lethbridge, Alberta, that you, the undersigned Parent/Guardian of the Child, must carefully read and understand this document and sign it to acknowledge that you have read and understand it and that you understand that the Child's participation in the Activities will expose the Child to risks of harm, and that you accept full responsibility for exposing the Child to such risks.

"Activities" include, but are not limited to: weekly youth events, Sunday morning classes, games at the church, movie nights, various youth gatherings, scavenger hunts, bowling, mini golf, floor hockey, basketball, and other physical activities. The Activities will occur primarily at the church building, as well as in various locations within the City of Lethbridge and surrounding areas. The Activities from time to time will require the Child to travel to various locations, which the Child, along with other participating

youth, maybe transported in the vehicles of the employees, youth leaders, volunteers, or agents of the Lethbridge First Baptist Church.

Activities may also include Special Events/Activities, which the Lethbridge First Baptist Church will require additional waivers in conjunction with this form for each occasion.

**PARENT/GUARDIAN RESPONSIBILITY FOR CHILD:** I, the undersigned Parent/Guardian of the Child, understand and accept that, in respect of the Child's participation in the Activities, it is my responsibility to:

- (1) ensure that I consider and understand the risks, dangers, hazards and consequences of injury inherent in the Activities;
- (2) determine, taking into consideration those risks and the Child's behavioral characteristics, physical health and abilities, whether the Child should be allowed to participate in the Activities;
- (3) ensure that the Child is appropriately covered by medical insurance for any harm occurring in the Activities; and
- (4) provide any emergency medical information regarding the Child as required in this document.

**AWARE OF RISKS:** I, the undersigned Parent/Guardian of the Child, am fully aware of and now freely accept and assume for me and the Child responsibility for all risks to the Child in connection with his or her participation in the Activities, including, but not limit to, the following:

- (1) the Child's participation in the Activities, even if the Child possesses behavioral characteristics, physical health and abilities appropriate for the Activities, that poses risk of harm to the Child; and
- (2) the nature of the Activities are such that the Lethbridge First Baptist Church cannot identify all risks associated with the Activities and cannot guarantee that Lethbridge First Baptist Church staff participating in or supervising the Activities will not make errors therein or that other children participating in the Activities will not cause injuries therein, that staff can or might be able to prevent.

**I, THE UNDERSIGNED PARENT/GUARDIAN, AM THE PARENT AND/OR LEGAL GUARDIAN OF THE CHILD AND FOR THE CHILD I HEREBY CONSENT TO HIM OR HER PARTICIPATING IN THE ACTIVITIES, AND, FOR MYSELF AND THE CHILD, IN RETURN FOR THE LETHBRIDGE FIRST BAPTIST CHURCH ALLOWING THE CHILD TO PARTICIPATE IN THE ACTIVITIES:**

- a) **I NOW WAIVE ALL LEGAL RIGHTS TO SUE AND ANY AND ALL CLAIMS** which I or the Child or our respective successors and assigns may have against the Lethbridge First Baptist Church, including all employees, youth leaders, volunteers, and agents of the Lethbridge First Baptist Church, in connection with any loss, injury, damage or expense that I or the Child may suffer, incur or may suffer, incur or experience in connection with the Child's participation in the Activities;
- b) **I HEREBY RELEASE** the Lethbridge First Baptist Church, including all employees, youth leaders, volunteers, and agents of the Lethbridge First Baptist Church, from any and all liability for any complaints, demands, claims, actions, suits, judgments and Orders for any and all losses, injuries, damage or expenses I or the Child may suffer, incur or experience in connection with the Child's participation in the Activities; and

**c) FOR MYSELF, I AGREE TO INDEMNIFY** the Lethbridge First Baptist Church for and hold it harmless from any and all losses, injuries, damages and expenses of any kind that the Lethbridge First Baptist Church may suffer, incur or experience and for any and all complaints, demands, claims, actions, suits, judgments and Orders for any and all losses, injuries, damages or expenses of any kind anyone else may suffer, incur or experience in connection with the Child's participation in the Activities.

**In signing this document and permitting the Child to participate in the Activities, I do not rely on any oral or written statements, promises or other communications made by the Lethbridge First Baptist Church other than those set out in this document. I hereby acknowledge and confirm that I have had the opportunity to review this document in its entirety, with the further opportunity to obtain legal advice, and completely understand and agree to the terms set out herein.**

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Witness (Name):**

\_\_\_\_\_  
**Date**

*\*Signature of Other Parent/Guardian if necessary:*

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Witness (Name):**

\_\_\_\_\_  
**Date**

## MEDIA CONSENT FORM – CHILD YOUTH

**Re:** \_\_\_\_\_ (the “Child”)

(Name of Child)

### PLEASE CHECK ONE OF THE FOLLOWING

**YES**

I, \_\_\_\_\_, the Parent/Guardian of \_\_\_\_\_, hereby authorize the Lethbridge First Baptist Church (“LFBC”) to photograph and video and/or otherwise record images, videos, and sounds of or including the Child while he or she participates in activities held by the LFBC, and to allow the LFBC to freely publish and otherwise make use of as it wishes, without compensation to the Child or anyone else, all such photographic images, videos, sounds, and other recordings of the Child for the purpose of documenting and promoting the LFBC’s programs and services. Examples include, but are not limited to the following: use in brochures, photo and video displays, newspaper and television, photo and video postings over the internet including social media such as website postings, Instagram, Facebook, and Twitter.

The LFBC confirms that the names or any other personal information regarding the identification of the Child will not be released unless additional Consent by the Parent/Guardian has been provided.

**NO**

I do not provide authorization for the Lethbridge First Baptist Church to photograph or video and/or otherwise record images, videos, and sounds of or including the Child while he or she participates in activities held by the LFBC

**I have carefully read and understand the above.**

\_\_\_\_\_  
**Signature of Parent**

\_\_\_\_\_  
**Date**