

Who: MOSAIC Students

What: ESCAPE ROOM NIGHT

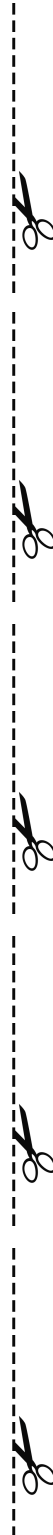
When: November 29, 2018

Where: Room Escape Ottawa
Unit 3, 1860 Bank St,
Ottawa, ON K1V 7Z8

Why: There is great joy found in willingly locking yourself in a strange room and then attempting to escape within an hour using the least hints.

Cost: (\$25)

RIDES: Pick up and drop off is @ Room Escape Ottawa
Drop Off: 7:00pm
Pick Up: 9:00pm



[First Child]

[Second Child]

First Name: _____

Last Name: _____

Age: _____ Grade: _____ Gender: _____

In the event that your child require medication, x-rays, or any medical treatment, the parent(s)/guardian(s) of the child will be notified immediately, or as soon as communication allows.

I give permission for my child/children to participate in an escape room on November 29, 2018 @ Room Escape Ottawa Unit 3, 1860 Bank St, Ottawa, ON K1V 7Z8.

By signing this, I/we release Parkway Road Pentecostal Church and The Gathering Ottawa Church, their volunteers, and staff from any liability.

Parent Name: _____

Parent Signature: _____

Date: _____