



New Life Assembly

LETTER OF INFORMED CONSENT

To be used for all off-site trips and activities of increased risk.

Student Name: _____

Activity: **Lock-In**

Date of Activity: **December 31 – January 1, 2024**

Cost: The only cost to the students will be whatever money they would want to bring for our own café, CAFÉ ONESIXTEEN. For the Lock-In we will be offering some food options for the students to purchase from the CAFÉ.

To Bring: Bring this form, a friend, some money for CAFÉ ONESIXTEEN, outdoor clothing, and a change of clothes in case they get wet from being outside.

Details of the Activity: The Lock-In is 13 hours of crazy fun. Drop off is 7 pm on the 31st and pick up will be 8 am on the Jan 1st. Students will enjoy all kinds of games (indoor and outdoor), having snacks, watching a movie, a discussion time, and even have breakfast in the morning.

Addresses: New Life Assembly, 28 First Ave, Sioux Lookout, Ontario

Pastors Contact Information: Pastor Steve (cell) 807-738-5179

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. 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 _____

Home Phone Number _____ Parents' Cell Number _____

Health Card Number _____

Family Doctor _____ Phone Number _____

In case of an emergency, contact _____

I hereby consent to the participation of my/our child 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 New Life Assembly. I/we understand and accept these risks and agree that by allowing my child to participate in those activities, he/she 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 Pastor or one of New Life Assembly 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 New Life Assembly, its personnel, its leaders and Board from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of New Life Assembly, as well as of any medical treatment authorized by the supervising individuals representing New Life Assembly. This consent and authorization is effective only when participating in or traveling to events of the New Life Assembly.

I have read, understood and agree with above.

Activity: Lock-In

Parent / Guardian Signature _____

Printed Name _____ Date _____