

Toboggan Night Retreat – Release of Liability

This is a legal document. By signing this document you are agreeing to give up certain legal rights including the right to sue. You are also assuming certain obligations. By signing both parent(s) and child are agreeing to the terms and stipulations outlined on this page.

What: A night of sledding at Pest hill and hanging out at the Luross home.
Who: Grades 6-12
When: Friday, February 17, 2012
Where: Luross household (86 Red River Road) & Pest Hill
Contact Number: Pastor Kris 241-0221

Please meet at John & Nancy Luross' home, 86 Red River Road @ 7pm. Parents pick your teens up there at 9:30pm as well. Please bring some snacks to share.

By signing the permission form parents and teens are agreeing to expectations for this event:

1. Teens are responsible to the leadership and direction of adult leaders and will comply with all instructions for the duration of the event.
2. Behaviour will need to reflect that of a Christian community of serving and loving others.
3. Teens are responsible for any loss or damage to their property.
4. Teen/parents agree to they will not hold Lakeview Free Methodist church, the denomination, leaders, volunteers or Pastors or staff liable for any damage or injury to person or property that might occur during the event. We will use reasonable diligence in caring for your teens.
5. I (teen) understand that I am responsible for my own behaviour and any behaviour that is unacceptable will result in negative consequences for me, including a call home.

(Please retain this upper portion for your records)

Release of Liability & Emergency Medical Care Consent for Toboggan Night, February 17, 2012

(submit this portion, along with payment to Pastor Kris)

Name of Teen: _____

Address: _____

Parents'/Guardian's Home Phone: _____ Cell Phone: _____

Birthdate (of teen): _____

Health Card # (of teen) _____

Allergies/Medications/Conditions: _____

I (parent/guardian) hereby authorize Pastor Kris, or his designate, to act on my behalf should my child need medical assistance, including hospitalization. I also understand I will be notified as soon as possible if such action has been taken. My teen and I agree to and will honour the expectations on this release form.

Youth Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Witness: _____ Date: _____

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