

## **2023-2024 BREAK OUT PARENTAL CONSENT & LIABILITY RELEASE FORM**

STUDENT'S NAME \_\_\_\_\_ AGE \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

PARENT(S)/GUARDIAN NAME(S) \_\_\_\_\_

WORK PHONE(S)/ CELL PHONE(S) \_\_\_\_\_ / \_\_\_\_\_

ALLERGIES OR MEDICAL CONDITIONS: \_\_\_\_\_

DOCTOR'S NAME: \_\_\_\_\_ MEDICAL CARE CARD NUMBER: \_\_\_\_\_

EMERGENCY CONTACT PERSON/PHONE # (in case parent/guardian cannot be reached): \_\_\_\_\_

### **LIABILITY RELEASE:**

While every precaution is taken for the safety and good health of your child, some activities, including transportation, carry with them the inherent risk of personal injury. Your permission is required to provide this transportation. Please carefully read the following information and consent form. If you are in agreement, please sign this and return it to the church.

I/we, the parents or guardians name above, give my permission for my child to participate in Break Out activities, both in the church building and including trips away from the church premises. I also give permission for my child to ride in any vehicle driven by an approved adult chaperone while attending the Break Out activities. I understand that SEAT BELTS WILL BE WORN AT ALL TIMES during transportation. I/we authorize the Director or sponsors of North Peace MB church to sign consent for medical treatment and to authorize any physician or hospital to provide medical assistance, treatment or procedures for the participant named above. I/we, undertake and agree to indemnify and hold blameless North Peace MB church, its personnel, volunteers, its directors, and Board from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of the group, as well as of any medical treatment authorized by the supervising individuals representing North Peace MB Church. This consent and authorization are effective only when participating in or travelling to events of the North Peace MB Church.

I give permission for my child named above to attend and participate in BREAK OUT EVENTS sponsored by the North Peace MB church in the 2023-2024 school year.

Parent/Guardian Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

I also give consent to have my sons/daughter's pictures used by the church for church related use such as brochures, website, etc. Yes\_\_\_ No\_\_\_

### ***BREAK OUT STUDENT COMMITMENT***

*During Break Out activities, I realize that I am responsible for my actions. I will:*

- *Respect the leaders and other students in the Break Out group.*
- *Respect the things I use and the property of places I visit.*
- *Respect the drivers and keep my seat belt on while travelling.*
- *Stay within the group and not wander off without letting a leader know.*

*If I choose to break these rules during a Break Out event, I am giving permission for my parents/guardians to be called to pick me up and take me home*

*In signing this paper, I agree to the guidelines listed above.*

*Signature of Child/Student* \_\_\_\_\_

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