

This form is for you to give your permission and consent for your child/children to participate in the various activities, events and trips, that are a part of the **Calvary Church Youth Ministry**. These events include, but are not limited to: **retreats, summer activities, service projects, concerts, sporting events, shopping trips, conferences and more**. This consent and authorization is effective only when participating in or traveling for the events of the **Calvary Church Youth Ministry**. This information will be kept on file, in a locked cabinet, and you will not be asked to fill out another form, unless a third party requires it. This form will be valid from **September 2025 - August 2026**.

### **LIABILITY AND RELEASE**

I, (we) the undersigned parent(s) and/or legal guardian do hereby give permission for my (our) child/children (referred to as "Student") to attend, travel to and participate in the youth events with Calvary Church (a Federal Corporation, referred to as the "Church"), whether carried on at the church facilities or elsewhere. I, (we) the undersigned in our capacity as parent(s)/legal guardian(s) of said student(s) do hereby designate temporary custody and guardianship to Andrew McGrath and/or such other responsible youth leaders of the Church as may be designated by the Church.

I, (we) further authorize the said individuals to grant permission for medical or dental treatment during the said time period in the event that the parent(s) or guardian(s) are unable to provide such consent. Should it be necessary for my (our) Student(s) to return home for any medical reason or otherwise, the undersigned shall assume all transportation and other related costs. I (we), the undersigned shall assume all transportation and other related costs.

I (we), the undersigned, on behalf of themselves and the said Student(s), and in consideration of the voluntary nature of this event, do hereby release and forever discharge the Church and its Elders, Deacons, Pastors, Directors, Officers, Employees, Members and Adherents against all losses, claims, suits, and demands, or liabilities whatsoever, arising from injury or death, to the Student(s) or other persons, involved in the above mentioned activity for the said period of time, or any damage to a property associated therewith.

### **INDEMNIFICATION**

The undersigned agrees to indemnify and hold harmless the Church- Elders, Deacons, Pastors, Directors, Officers, Employees, Members and Adherents from any and all losses, claims suits and demands, or any person or persons during the said period of time that may be made by or initiated by any person, persons, corporations, partnership, joint ventures, associations, or any other legal entity arising out of any loss or damage to property associated in any manner whatsoever involving the above mentioned Student, including any related legal costs on a solicitor and client basis together with the amount of any settlement which the Church may deem to be reasonable in the circumstances as determined in its sole discretion.

**Note re: Medication:** If it will be necessary for your Student to take prescription medication during the trip, the parent/guardian must inform the Ministry leader **in writing** before the child will be allowed permission to go on the field trip/excursion.

**Note re: Element of Risk:** The risk of injury exists in every field trip/excursion activity. However, due to the nature of some of the activities, the risk of injury may increase. Injuries may range from minor sprains and strains to more serious injuries. The safety and well being of the Student(s) is a prime concern and attempts are made to manage as effectively as possible, the foreseeable risks inherent in field trip activities.

## STUDENT INFORMATION:

1. Student's Name: \_\_\_\_\_ Date of Birth (yyyy/mm/dd): \_\_\_\_\_

Allergies or Medical Concerns (list any allergies, reactions, and usual treatment. If reaction is severe, please specify):

2. Student's Name: \_\_\_\_\_ Date of Birth (yyyy/mm/dd): \_\_\_\_\_

Allergies or Medical Concerns (list any allergies, reactions, and usual treatment. If reaction is severe, please specify):

3. Student's Name: \_\_\_\_\_ Date of Birth (yyyy/mm/dd): \_\_\_\_\_

Allergies or Medical Concerns (list any allergies, reactions, and usual treatment. If reaction is severe, please specify):

## PARENT INFORMATION:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_

## SECONDARY EMERGENCY CONTACT:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

I/We (named above) have read and agree to the terms and conditions of this permission form and give permission for the student(s) listed above to participate in the various events and activities with Calvary Church Youth Ministry September 2025 - August 2026

\_\_\_\_\_  
(Parent/Guardian Signature) Date: \_\_\_\_\_

## Photo Release:

I, the legal parent/guardian of \_\_\_\_\_, hereby authorize and consent to the use of images or videos of my child/children listed above, with or without their name(s), by Calvary Church, St Catharines, for purposes including but not limited to: promotional materials, printed publications, internet posts including social media, television, and other media sources. I do this with full knowledge and consent and waive all claims for compensation for use or for damages. I release Calvary Church, its officers, trustees, employees, and agents from liability for any claims by me or any third party in connection with the use of the image of my child/children listed above.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_