

# CHURCH OF THE ROCK ACTIVITY RELEASE FORM – HSM

## *Parent Authorization and Acknowledgement of Risk for Offsite Activity*

I hereby give my consent for my Child, \_\_\_\_\_, to participate in the following **High School Ministry/Church of the Rock (COTR)** event:

Event: **HSM FLYING SQUIRREL**  
Date/Time: **Friday, January 20, 2023 from 7:00 PM–10:00 PM**  
Location: **Flying Squirrel Trampoline Park (1250 St. James Street)**  
Details: **Cost: \$18** if you have grip socks or **\$20** if you need socks. Please meet at the church for 7:00pm. Also complete an online Flying Squirrel waiver form.

### **ACKNOWLEDGEMENT OF RISK**

I understand that my child will **be travelling by chartered bus** from Church of the Rock 1397 Buffalo Place to the event location and back.

I understand that, despite careful and proper preparation, there is still a risk of injury when participating in any activity.

I understand that neither Church of the Rock nor its Program Personnel (including adult chaperones, leaders, and staff) are liable in the event of an accident or injury to my child. I also assume full responsibility for the consequence of my child's actions during these events.

In consideration of Church of the Rock permitting my Child to participate in the above activity, I agree to indemnify, defend, hold harmless and release Church of the Rock and its representatives, employees, and volunteers against and from any and all claims, suits, losses, costs, damages, expenses, and liability arising out of any act of omission or other occurrence whether or not they are caused by or resulting from this activity, the Church of the Rock and Youth Pastor/Director, or any other participating organization, their agents, representatives, employees, and volunteers during the course of the activity in which he or she is participating.

### **Emergency Contact**

Full Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

In the event that the Emergency Contact provided cannot be reached in the case of an injury or other medical emergency, I hereby do acknowledge the right and responsibility of COTR's program personnel to seek emergency medical treatment for my Child named above.

### **Manitoba Health Insurance Information for this Student**

Registration Number (6-digit): \_\_\_\_\_ Personal I.D. Number (9-digit): \_\_\_\_\_

Current allergies/pre-existing medical conditions: \_\_\_\_\_

### **Declaration of Permission**

I, \_\_\_\_\_, (name of parent/guardian) do hereby give my permission for \_\_\_\_\_ (name of student) to participate in *Threshold JR/Church of the Rock* activities in accordance with the terms outlined above.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_