**INFORMED LETTER OF CONSENT**

**Youth Outing**

**Activity:** Social (Sky Zone   
**Date of Activity:** Monday March 16th, 2020

**Location:** 3636 Hawkestone Rd, Mississauga, ON, L5C 2V2

**Details of Activity:**Students are invited to partake in Mississauga’s number 1 ranked indoor trampoline park.

Everyone will meet at SPFC (2440 Fifth Line W, Mississauga, ON L5K 1W1) at 12:00pm. From there rides will be organized to get students to Sky Zone and pick up will be back at SPFC at exactly 3:00pm.

***COST:***  $22.99 plus tax.

**Extra Info:** If you need a ride please contact pastor Zach so he can arrange pick up and drop off for you. Lastly please have this letter of consent filled out and signed. As well if you have not already filled out and signed a registration and medical consent form for the year, please do so. Feel free to email the completed forms to pastor Zach at [zach@spfamilychurch.ca](mailto:zach@spfamilychurch.ca) or bring them in person. \*\* These documents must be filled out and signed. \*\*

Dear Parent:

We are planning this 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 youth is our primary concern. Precaution will be taken for their wellbeing and protection.

**Permission Form and Consent**

Youth Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number (H) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number (C) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Card Number (if not on file) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EmailAddress\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In case of an emergency, contact

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*I hereby consent to the participation of my youth in this supervised activity.*

*While every precaution is taken for safety and good health, some sports and activities carry with them the inherent risks associated with many of the recreational activities at SPFC. 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 Zachary Hair (Associate Pastor) or one of SPFC staff/volunteers 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 above, undertake and agree to indemnify and hold blameless SPFC, the ministry staff/ volunteers, it’s Pastors and Board of Elders from and against any loss, damage or injury suffered by the participant as a result of being a part of the activities of SPFC, as well as of any medical treatment authorized by the supervising individuals representing SPFC.*

*This consent and authorization is effective only when participating on or traveling to events of SPFC.*

**I have read, understood and agree with the above.**

**Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**INFORMED LETTER OF CONSENT FOR TRANSPORTATION**

**Youth Outing (Sky Zone)**

Youth Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Transporting from and to locations:** Students are to find their own rides to and from the event. If you cannot find transportation please contact pastor Zach ahead of time to set up transportation for you.

**Date(s) of Transportation:** Monday March 16th/2020

Dear Parent:

SPFC has arranged transportation to and from church activities on your behalf for your youth.

While every precaution is taken for safety and good health, 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.

**PERMISSION**

*I give permission for my youth to be transported in a motor vehicle driven by the individual identified to an event at the specified location on the date indicated. I understand that my youth is expected to follow all applicable laws regarding riding in a motor vehicle and is expected to follow the directions provided by the driver and/or other adult volunteers. I understand that participation in the identified event is not a requirement for participation in SPFC activities.*

*I have read, understand, and discussed with my youth that:*

*1) they will be traveling in a motor vehicle driven by an adult and accompanied by other adults and they are to wear their safety-belt while traveling when provided;*

*2)  they are expected to respect one another, the vehicles they ride in, and the people they travel with during the trip;*

*3)  riding in a motor vehicle may result in personal injuries or death from wrecks, collisions, or acts by riders, other drivers, or objects;*

*4)  they are to remain in their seats and not be disruptive to the driver of the vehicle.*

*I recognize that by participating in this activity, as with any activity involving motor vehicle transportation, my youth may risk personal injury or permanent loss. I hereby attest and verify that I have been advised of the potential risks, that I have full knowledge of the risks involved in this activity, and that I assume any expenses that may be incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses.*

**I have read, understood and agree with the above.**

**ParentSignature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**