# **Surrey Alliance Youth – Winter Retreat Waiver Form – January 24-26, 2020**

### **Event Information**

We will be meeting at Surrey Alliance Church on Friday, January 24 at 6:00pm and driving to Kawkawa Camp & Retreat in Hope, BC. We will return to Surrey Alliance Church on Sunday, January 26 at 2:00pm This event is open to all youth in grades 7-12 including friends of the youth. Youth Leaders with approved Criminal Record Checks will be onsite to provide supervision and transportation.

### **About this form**

To fulfill insurance requirements, church policy, and to protect the attending students and leaders, we require all students to complete and submit this waiver form to cover this event planned for January 24-26, 2020 at Kawkawa Camp & Retreat.

Thank you for your cooperation. If you have any questions please contact office@surreyalliancechurch.org or nick@surreyalliancechurch.org

### **Guidelines for WINTER RETREAT event**

Possession or use of Illegal drugs or alcohol, illicit material, fireworks, lighters, matches, weapons of any kind, etc. will not be tolerated. Parents and proper authorities will be contacted as needed.

### **Required information**

Name: Date of Birth:

School: Grade:

Email:

Parent(s)/Guardian(s) Name(s):

Phone 1: Phone 2:

Email:

Care Card #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: Emergency Phone:

Medical Conditions:

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Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Is your child bringing medication to the event? YES or NO

What Medication (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any physical, emotional, mental, behavioural concerns or limitations that we should be aware of? Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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### **Waiver**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby release and discharge Surrey Alliance Church, event sponsors, employees, volunteers, and workers from all actions, suits, and demands whatsoever in law or in equity, including, but not limited to, the risk of injury from participating in the youth event taking place at Kawkawa Camp & Retreat from January 24-26, 2020 and the risk of loss of personal property by theft or otherwise.

I give staff personnel and leaders authority to act on my behalf and to release the above medical number to authorities in the case of an emergency and authorize treatment if necessary (acknowledging that the emergency contact person will be notified as soon as possible), understanding that I am financially responsible for any costs not covered by British Columbia health care.

Further, I hereby grant full permission for SAC to record any or all participation in these events via photos, video, television, radio, or any other media for purposes of advertising and promotion without any reimbursement of any kind due to me or the need to pay any fee.

Legal Guardian Name (print):

Signature and Date:

**COMPLETE FORM AND GIVE IT TO THE YOUTH LEADER ON OR BEFORE JANUARY 16, 2020**

**PARTICIPATION WILL NOT BE PERMITTED WITHOUT THIS FORM.**