



FIELD TRIP CONSENT FORM

Participant Name: _____ Date of Birth _____

Health Card #: _____ Family Doctor: _____

Health Conditions: _____

Parent/Guardian Name: _____

Home Address: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Date of Event/Field Trip: _____ Type of Field Trip _____

Destination: _____

Time of Departure: _____ Return _____

Mode of Transportation to & from Event: _____

I, _____, grant permission for _____ to participate in the Program/Activity. I am aware that there are risks associated with participation in the Program, including the risk of injury, and I consent to my child's participation in spite of such risks. I acknowledge that it is my responsibility to advise the church of any medical or other conditions which may affect my child's participation in the Program. In the event that my child requires medical attention, I consent to my child being transported and treated to the nearest emergency centre, including by ambulance if necessary, and accept that I am responsible for any costs of such ambulance service. Hereby release Templo Nueva Vida and its leaders, and will hold them harmless from any and all liability, actions, causes of actions, debts, claims, and demands of every kind and nature, howsoever caused.

Parent/Guardian Signature

Date