

**INFORMED LETTER OF CONSENT – Morden Alliance Church**

Activity: **JHM Retreat**      Date: **December 3 & 4**      Times: **7 PM-10 PM Dec. 3 & 9 AM-8:30 PM Dec. 4**

Cost: **\$40**      Location: **Winkler Bible Camp**      Mode of Transportation: **Bus**

Drivers: **Kelsey Fehr**

Notable Activities: **Horseback Riding, Ice Skating, Tobogganing, Fire Building, Archery (all optional)**

Ratios of Students to Leaders: **1/3**

Possible Risks: **Injuries due to animals, fire, arrows, falling from skating, injuries related to physical activity, travel, and weather.**

What to bring: **Warm clothes, bible, water bottle**

Dear Parent/Guardian: We are planning an 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 child is our primary concern. Precautions will be taken for their wellbeing and protection.

Any additional questions can be sent to [graeme@mordenalliance.ca](mailto:graeme@mordenalliance.ca)

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I/we, the parents or guardians named below, authorize one of the Morden Alliance Church Ministry Staff or 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 below. I/we undertake and agree to indemnify and hold blameless the Staff and Volunteers of Morden Alliance Church from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of Morden Alliance Church, as well as of any medical treatment authorized by the supervising individuals representing the church. This consent and authorization is effective only when participating in or traveling to events of Morden Alliance Church.

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Health Card #: \_\_\_\_\_

Medical details we should know: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_

Parent / Guardian Printed Name: \_\_\_\_\_

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