PARTICIPANT'S NAME:_____

EVENT	Playland at the PNE
TIME & DATE	10:00am-7:00pm Thursday, July 18, 2019
LOCATION	2901 E Hastings St, Vancouver, BC V5K 5J1
COST	$15
WHAT TO BRING	Money for lunch and supper or bagged lunch and supper
ADULTS ATTENDING	Joshua Brown, Janaya Brown, Riley McKay
CONTACT INFO	Pastor Josh Brown cell: 778-846-3486 email josh@gebc.ca
OTHER	Register via Google Form by June 11th found on church website. Pick up and drop off at Grace Church

PARENTAL CONSENT AND INDEMNITY AGREEMENT

I _____ (parent or guardian) give permission for _____ (youth) to participate in the **PLAYLAND** youth event organized by Grace Church. On behalf of my son/daughter I acknowledge that adhering to instructions and guidance from the staff and volunteers of Grace Church is in their best interests and that my conduct will be in accordance to rules and regulations imposed. I am aware of the risks inherent in the particular activity. I acknowledge the fact that at any time Grace Church may refuse to allow participation to any persons who are a hazard to themselves or other participants involved in the activity.

I AGREE TO SAVE HARMLESS AND INDEMNIFY GRACE CHURCH, ITS OFFICERS, EMPLOYEES, AGENTS, REPRESENTATIVE, VOLUNTEERS AND INDEPENDENT CONTRACTORS (THE INSTITUTION) from any cause of action, suit, claim or liability of any kind whatsoever arising out of any cause whatsoever but not limited to negligence on the part of the Institution.

In entering into this Agreement, I am not relying on any oral or written representations or statements made by the Institution, including those in any brochure issued by the Institution, to induce me or my son or daughter to undertake and to participate in the Activity. I confirm that I have read and understood this Indemnity Agreement prior to signing it, and agree that this Agreement will be binding upon me, my heirs, next of kin, executors, administrators, and assigns.

I grant permission for photographs of my son or daughter to be used in Grace Church's brochures and other promotional materials:

YES **NO**

_____

SIGNATURE OF PARENT/GUARDIAN **DATE**

PARENT/GUARDIAN NAME(s): _____

EMAIL : _____ **CELL PHONE:** _____

DOCTOR'S NAME: _____ **DOCTOR'S PHONE:** _____

MEDICAL NUMBER: _____

PLEASE LIST ANY ALLERGIES OR MEDICAL CONDITIONS AND APPLICABLE MEDICATIONS:

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