

Wet N Wild Washout Wednesday – Release of Liability

This is a legal document. By signing this document you are agreeing to give up certain legal rights including the right to sue. You are also assuming certain obligations. By signing both parent(s) and child are agreeing to the terms and stipulations outlined on this page.

Who: Reaction – Jr & Sr Teens (Grades 7 – 12)
When: Every Wednesday from 7 pm – 9 pm – **Ladies, modesty rule applies – if you are wearing a 2 pc bathing suit, a t-shirt must be worn over top.**
Where: As Follows:
August 4th – Kevin & Eleanor Simmons – 4432 Middle Road, Bowmanville
August 11th – Dennis & Debi Gunter – 34 Orchard Park Drive, Bowmanville
August 18th – NO SWIMMING – GOING TO WONDERLAND ON THE 19TH
August 25th – Dan & Annette Smith – 659 Capilano Cres., Oshawa
Cost: No Charge
Purpose: To swim and have fun with friends.
Leaders: Annette Smith, Dan Smith, Barry Rawn
Contact Number: **Dan Smith Cell 905-449-3073**

Release of Liability (this form) to be given to Annette Smith. Bring consent to the first Wet N Wild Wednesday in August that you attend.

Parents to drop off their teens as per above schedule 7:00 pm and pick them up as per above schedule at 9:00 pm.

By signing the permission form parents and teens are agreeing to expectations for this event:

1. Teens are responsible to the leadership and direction of adult leaders and will comply with all instructions for the duration of the event.
2. Behaviour will need to reflect that of a Christian community of serving and loving others.
3. Teens are responsible for any loss or damage to their property.
4. Teen/parents agree that they will not hold Trulls Road Free Methodist church, the denomination, leaders, volunteers or Pastors liable for any damage or injury to person or property that might occur during the event.
5. I (teen) understand that I am responsible for my own behaviour and any behaviour that is unacceptable will result in negative consequences for me, including a call home. Parents agree to come pick up your teen as per above schedule should this be deemed necessary by the leaders.



Release of Liability & Emergency Medical Care Consent Wet N Wild Washout Wednesdays.

Name: _____

Address: _____

Parents' Home #: _____ Cell Phone: _____

Birthdate (of teen): _____

Health Card # (of teen) _____

Allergies/Medications/Conditions: _____

I (parent/guardian) hereby authorize Annette Smith or Barry Rawn to act on my behalf should my child need medical assistance, including hospitalization. I also understand I will be notified as soon as possible if such action has been taken.

Youth Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Witness: _____ Date: _____

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Created on 7/15/2010 5:20 PM