

# Rawn Games Night – 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:** Fusion – Sr Teens ( Grades 9 – 12)  
**When:** Friday, March 26<sup>th</sup>, 2010  
**Where:** Barry Rawn's house – 45 Hemmingway Drive, Courtice  
**Cost:** No Charge  
**Purpose:** Fellowship together while playing board games  
**Leaders:** Barry Rawn, Susan Zerf

Release of Liability (this form) to be given to Susan Zerf on or before March 26<sup>th</sup> 2010.

Parents to drop off their teens at Barry Rawn's house at 6:30 pm and pick them up at Barry Rawn's house at 9:30 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 to 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 at YWCA Oshawa should this be deemed necessary by the leaders.



Release of Liability & Emergency Medical Care Consent Rawn Games Night

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Parents' Home #: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Birthdate (of teen): \_\_\_\_\_

Health Card # (of teen) \_\_\_\_\_

Allergies/Medications/Conditions: \_\_\_\_\_

I (parent/guardian) hereby authorize Susan Zerf 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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