

# High Voltage – 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:** Friday, April 2<sup>nd</sup>, 2010  
**Where:** Sydenham High School  
**Cost:** \$45 + food (see registration form)  
**Purpose:** To provide teens opportunities to connect with God.  
**Leaders:** Annette Smith, Dan Smith, Susan Zerf  
**Contact Number:** Dan Smith Cell 905-449-3073

Release of Liability (this form) to be given to Annette Smith or Susan Zerf on or before March 28<sup>th</sup> 2010.

We will be traveling by bus to and from Verona Free Methodist Church. Parents to drop off their teens at Trulls Road Free Methodist Church at 7:00 am and estimated time of arrival to be picked up at Trulls Road Free Methodist Church at 12:30 am.

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 allow adult leaders to transport the teens to and from the event and while the driver uses care and diligence 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 trip.
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 Sydenham High School should this be deemed necessary by the leaders.



Release of Liability & Emergency Medical Care Consent High Voltage

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

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

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

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

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

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

I (parent/guardian) hereby authorize Annette Smith 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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