Consent to Participate in 2022 Canoe Trip

**Title of Program: SCF Student Ministry Canoe Trip**

**Date and Time: August 29 - September 1**

**Ministry Leader: Dave Hamill & Isaac Deemert**

**Other leaders/Chaperones: Lia Deemert, Olivia Deemert, others to follow**

Dear Parent or Guardian: I am **Dave Hamill**, a member of / pastor of the Sauble Christian Fellowship Church in Sauble Beach. I would like to request permission for your child to participate in our **Canoe Trip.** We are hosting this program to **cap off the best summer yet, enjoy unplugged time away and learn more about God’s goodness through an immersion in nature.**

Program Description

If you agree to allow your student to participate, we/I will be taking your student on a 4 day/3 night trip to Algonquin. For many this formative experience is a life changing and memorable time… often shaping people for years to come. In fact, we see most first timers longing to go back the following year or with their families as a result of experiencing this time away. We will be travelling from Sauble to our Outfitters to load up our rented equipment and hitting the water mid afternoon on the 28th. Travelling across a small lake and down a winding river, we’ll learn some skills in the canoes and prepare for our launch into North Tea Lake itself.

We aim to find an island to call our own and set up for the duration of the trip. From here we can launch out to take hikes, paddle to other areas to explore and not have to worry as much about noise pollution we make or can hear from others. This is a beginners trip, so not having to take camp down daily is a bonus.

On the final day of our trip we’ll get an early start and reverse our first day journey back to civilization, ice and showers! The aim is to be home by early evening on the 4th day.

Note: Working students may want to take an additional day to recover after the trip comes back. Some times sore muscles and tired bodies need one more day. ;)

Risks of Participation

There may be some risk from your child’s participation in this trip…

During this trip we’ll experience water travel on both small and large lakes, as well as rivers. We’ll also be camping in tents and fires will be part of our daily routine, this is a potential risk to let you know about, though you might have assumed. We’ll also have the opportunity to help collect and prepare our firewood. One of the goals for setting up camp is to choose a site on an island. This does not eliminate the potential of animal encounters in our camp, but should minimize it. Leaders will go over precautions for animal encounters with students. Female leaders will also go over personal care items with our female students.

Transportation

We have adults driving vehicles and students will not be allowed to drive themselves on this trip.

Personal Information and Confidentiality

Sauble Christian Fellowship is collecting and retaining the personal information on the following pages for the purpose of enrolling your child in our programs, to assign the student to the appropriate classes, to develop and nurture ongoing relationships with you and your child, and to inform you of program updates and upcoming opportunities at our Church. This information will be maintained indefinitely as it is a requirement of our insurance company and legal counsel. If you wish Sauble Christian Fellowship to limit the information collected, or to view your child’s information, please contact us. All information collected is strictly confidential and will be made available to the staff, or volunteers only as needed. This information will not be shared with any other organizations or individuals except as necessary for health or medical reasons details in the following section.

Photography, Videotape, Audiotape

By consent, you also give Sauble Christian Fellowship the permission for the reasonable use of pictures containing your child in or all of the following ways: Promotional material, Church Website, Church Newsletter. Should you choose to withhold your permission for reasonable use of photos or videos indicate so on this form. Your child is still free to participate in this program and any photos or videos found to contain your child will be destroyed.

Consent

INCLUDE ONE OF THESE TWO OPTIONS ON YOUR SHEET & DELETE THIS LINE AND THE ONE YOU’RE NOT USING

I have read, understood and agree with the above and sign it to cover all Student Ministry activities for the program year effective as stated below.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Effective from date signed through \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child Information

Information received is confidential and is being gathered for the purposes of serving your child while in the care of Sauble Christian Fellowship. Any medical information collected here serves to authorize Sauble Christian Fellowship, and its staff and volunteers, to obtain medical assistance in emergencies.

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

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_

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

Phone: (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Parent/Guardian Phone: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Health Card Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any life-threatening allergies? YES [ ] NO [ ]

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your child bringing medication with him or her? (Antibiotics, ventilator, Ritalin) YES [ ] NO [ ]

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any physical, emotional, mental or behavioral concerns or limitations that our staff should be aware of? YES [ ] NO [ ]

If yes, please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Waiver / Release

The safety of your child is our primary concern. Precautions are taken for the safety and health of your child. If you have indicated your child has medication they may require during the event, you are providing permission for this to be administered according to the given instructions. In the event that your child requires special medication, x-rays or treatment, the parents/guardians will be notified immediately.

I/we, the parents or guardians named above, authorize **[Name of Program Leader]** or one of the Sauble Christian Fellowship Staff to sign consent for medical treatment and to authorize any physician or hospital to provide medical assessment treatment or procedures for the participant named above.

I have read a description of the program and understand the hazards and risks of the intended activities. I understand Sauble Christian Fellowship has taken steps to minimize the risk to my child in the activities they are participating in, however, I also understand that certain hazards and risks are inherent to the activities they are to participate in. These risks can be the cause of destruction, loss or damage to equipment, personal property, personal injury, illness, suffering, or in extreme cases, permanent trauma or death.

In consideration of Sauble Christian Fellowship allowing my child to participate in this event, I do hereby agree to forever indemnify, exonerate, and hold-harmless, the church, the pastor, and staff members and all youth ministry personnel, and the Be In Christ Church of Canada denomination and all over-seers, from all claims, demands, actions, and causes of action, arising out of or in any way pertaining to any bodily injury or illness, including death, incurred by my child during the course of any said activities, and including emergency medical treatment for my child and whether or not said claim, demand, action or suit is based on, or alleged to be based on, in whole or part, the negligence, or other similar conduct of any of The Indemnities. This consent and authorization is effective only when participating in or traveling to events of the Sauble Christian Fellowship Church.

Parent/Guardian’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_