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www.kingroad.ca

King Road M B Church Youth Ministries

Release Waiver & Consent to Travel to the USA

Event: Lynden Roller Skating

Event Location: 421 Judson Street, Lynden, WA – USA

Date: April 12, 2019 – Meet 6:20 pm at church – pick up time: 11:00 pm from church

<u>You need to bring:</u> Passport, release waiver & consent to travel form, and \$10.00 (if you bring your own skates) or \$13.00 (if you need to rent skates).

Name of youth:

I hereby release King Road Mennonite Brethren Church, its staff and youth leaders, from responsibility and liability for any injury or illness that my child may sustain during this activity and/or for transportation to and from the activity. **I understand that it is mandatory for my child to have travel/health insurance and a passport.** The parent or Guardian does hereby authorize their child to travel outside of Canada into the United States for the above event.

I have read through the attached list of expectations and commitment form and discussed them with my child.

MEDICAL TREATMENT AUTHORIZATION AND POWER OF ATTORNEY

In the event the minor suffers an injury or condition during his or her participation in the Activities, including transportation to and from the Activity, which may endanger his or her life, cause disfigurement, physical impairment, or undue discomfort if medical treatment is delayed, and reasonable attempts to contact me have been unsuccessful, I hereby appoint eligible members of King Road MB Church leadership team as my agent(s) to act for me and in my name (in any way I could act in person) to make any and all decisions for the minor concerning his or her personal care, medical treatment, hospitalization and health care. This power of attorney and delegation of authority shall terminate when the agent is first able to contact me.

| Minor's name: | Age: | _ Medical #: |
|---|--------|--------------|
| Travel/health insurance: | | |
| Special medical allergies, chronic illness or other condition | ons: | |
| Signature of Parent/Guardian: | | |
| Print name of Parent/Guardian: | | |
| Date: | Phone: | |

