



INFORMED LETTER OF CONSENT
ANNUAL SPRING FOOD DRIVE

Activity: Annual Spring Food Drive

Date of Activity: Saturday, May 4, 2023

Details of Activity: Meeting at Gateway Church at 8:30 am. Going home to home to collect food donations in Caledonia for local food bank(s).

Dear Parent:

We are planning this activity as part of our programming that requires your permission prior to participation. We have provided you the details of the activity, and request that you complete and sign the permission form. The safety of your youth is our primary concern. Precautions will be taken for their wellbeing and protection.

PERMISSION FORM AND CONSENT

Youth Name _____ DOB _____
_____ Address _____

_____ Phone Number (H) _____ Phone Number (C) _____
_____ Parent Email _____

_____ Health Card # (if not on file) _____

Emergency Contact _____

I hereby consent to the participation of my/our youth in this supervised activity.

While very precaution is taken for the safety and good health, some sports and activities carry with them the inherent risks associated with many recreational activities at Gateway Church. I/we understand and accept these risks and agree that by allowing my youth to participate in those activities, he/she may be taking part in a recreational activity that presents the potential for personal injury.

I/we, the parents or guardians named below, authorize Wes Dickson (Youth Pastor), or one of Gateway Church's staff/volunteers, to sign a consent for medical treatment, and to authorize any physician or hospital to provided medical assessment, treatment or procedures for the participant named above.

I/we, named below, undertake and agree to indemnify and hold blameless Gateway Church, the ministry staff/ volunteers, it's Pastors and Board of Elders, from and against any loss, damage, or injury suffered

by the participant as a result of being a part of the activities of Gateway Church, as well as any medical treatment authorized by the supervising individuals representing Gateway Church.

I have read, understood, and agree with the above.

Parent Signature

____ Printed Name _____ Date _____

PHOTOS/VIDEOS

Please sign below to grant permission for the reasonable use of pictures/videos containing your youth in any or all of the following ways: Promo material; Church website/service; Private youth Facebook/Instagram pages.

**** I decline the use of my youth's picture _____ (please check if applicable)**

Parent signature _____ Printed Name _____
