I-DYG Activity Consent Form

Description Activity: Youth Nature Retreat

Location: Spirit Point, Trout Creek, ON

Date and Time: Friday October 16th , 2015 6:30 pm to Sunday October 18th 1:00 pm.

Name of Participant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other number where parent may be reached at time of activity:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the participant have any medical or other condition that would prevent them from participating fully in the activity as outlined?\_\_\_\_\_\_\_

If yes, Please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there any other information that the youth co-ordinator leaders should be aware of?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All reasonable precautions will be taken to ensure the safety of all participants. All participants will be properly supervised in the activity outlined above. In the event of any illness or injury, the I-DYG and Youth Connecting with Youth project and its staff/ volunteers are released from any liability.

In the event of injury requiring medical attention, I authorize treatment for the participant and understand that reasonable attempts will be made to contact me should such a situation occur.

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*(Signature of Parent/ Guardian) (date)*

Inter-Denominational Youth Group Photo Release Form

In the course of our meetings photographs may be taken and recordings may be made of activities in I-DYG. Please advise us if you are willing to have your child’s photograph taken or voice recorded for the purpose of promoting I-DYG without releasing his/ her name as outlined below:

I on behalf of my child give permission to I-DYG to photograph and/or record my child and/or my child’s voice on still photographs, motion picture film, audio tape and/ or video tape and to use this material, in whole or in part, through the media of television, film, internet, multi-media presentation, radio, audiotape, videotape or in printed form or display form for the promotion of I-DYG so long as it does not identify my child by name. I, on behalf of my child, assign and transfer all rights, including copyright, which my child may have in this material.

On behalf of my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(C*hild’s name)*

I give my permission as set out above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Parent’s Signature) (Date)*

**------------------------------------------------------------------------------------------------------------**

**For more information contact Lisa Blais at Trinity United Church (705)474-3310; Tracy Davis at St. Andrew’s United Church (705)472-7680; or Jim Cluff at Calvin Presbyterian (705)474-4750.**

**Spirit Point does not have any cell phone reception. In emergencies you can call the camp at 705-571-2089**