

## Parental Consent Form & Medical Release Form

*Bay Park Baptist Church 775 Progress Ave Kingston ON K7M 6C7 613.389.2920*

We would like to ask your child to participate with us in the following activity:

|                      |  |
|----------------------|--|
| Group Name           | Bay Park Student Ministries  |
| Date of Activity     | Friday, October 13th   |
| Location of Activity | Travelling to Wolfe Island Corn Maze<br>3151 Forest Road, Harrowsmith      |
| Time                 | Drop off at Ferry Terminal at 6:15pm<br>Pick up at Ferry Terminal for 10pm |
| Cost                 | Bring \$10 CASH!   |

Any questions contact Ryan Farrell: 613.389.2920 or [ryan.farrell@baypark.ca](mailto:ryan.farrell@baypark.ca)

Parent or guardian please print off this form and sign appropriate names below:

Signature of parent/guardian: \_\_\_\_\_  
Phone #: \_\_\_\_\_

I \_\_\_\_\_ (parent's name), give consent to \_\_\_\_\_ (student's name) to participate in this planned activity by the Student Ministries of Bay Park Baptist Church. I am aware that during this trip certain risks exist and dangers may occur, those at the place of the event as well as those related to the travel to and from the facilities. Based on this awareness, anyone active on behalf of the church, it's staff and volunteers, will be released from any liability for injuries to my child that may be occasioned on this activity. Additionally, in the event of an emergency where medical treatment is required I give my permission to a church staff member (Pastor of Student Ministries) or student ministry volunteer to obtain the services of a licensed physician. Please attempt to notify me immediately concerning any such emergency.

Emergency contact person: \_\_\_\_\_  
Phone #: \_\_\_\_\_

Special needs (i.e.: allergies; asthma; diabetes; etc.): \_\_\_\_\_  
\_\_\_\_\_