

YOUTH QUAKE CONSENT FORM //2019

EMMANUEL BAPTIST CHURCH

**YOU MUST HAVE THIS FORM SUBMITTED TO JANA-LYN BY NO LATER THAN NOVEMBER 20TH!
YOU CAN EITHER SCAN IT AND FAX IT TO OUR OFFICE 306.477.1452 OR YOU CAN EMAIL IT
TO JANA-LYN JANA-LYN@EBAP.CA OR GIVE IT TO JANA-LYN IN PERSON!**

GENERAL WAIVER:

I AM ATTENDING YOUTH QUAKE WITH THE CONSENT OF MY PARENT/GUARDIAN. *(ALL MINORS MUST HAVE PARENTAL/GUARDIAN CONSENT TO ATTEND)*

I AUTHORIZE THE STAFF OF BRIERCREST COLLEGE AND SEMINARY TO ACT FOR ME/MY CHILD ACCORDING TO THEIR BEST JUDGMENT IN ANY EMERGENCY REQUIRING MEDICAL ATTENTION, AND I WAIVE AND RELEASE BRIERCREST COLLEGE AND SEMINARY OF ANY AND ALL LIABILITY FOR ANY INJURIES OR ILLNESSES INCURRED WHILE AT YOUTH QUAKE.

PARENT SIGNATURE_____

MEDIA:

I GRANT BRIERCREST COLLEGE AND SEMINARY PERMISSION TO USE AND PUBLISH PHOTOGRAPHS AND/OR VIDEO IMAGES OF ME/MY CHILD, OR IN WHICH I/THEY MAY BE INCLUDED, FOR ANY PURPOSE AUTHORIZED BY BRIERCREST COLLEGE AND SEMINARY, INCLUDING BUT NOT LIMITED TO: WEBSITE USE, EDITORIAL PUBLICATIONS, AND ADVERTISING USE.

PARENT SIGNATURE_____

EMAIL CONSENT:

I AGREE TO RECEIVE EMAILS AND OTHER ELECTRONIC COMMUNICATIONS FROM BRIERCREST COLLEGE AND SEMINARY AND CARONPORT HIGH SCHOOL, FOR THE PURPOSES OF PROMOTION, INFORMATION ABOUT COURSES, PROGRAMS, DONATION OPPORTUNITIES, NEWSLETTERS, ALUMNI NEWS AND EVENTS THAT MAY BE OF INTEREST. I UNDERSTAND THAT I CAN UNSUBSCRIBE AT ANY TIME.

PARENT SIGNATURE_____