

LASERQUEST

::: CONTACT INFORMATION :::

student name: _____

address: _____

city: _____

postal code: _____

emergency contact: _____

relationship to student: _____

emergency contact #: _____

::: MEDICAL INFORMATION :::

medications being taken: _____

dietary restrictions / allergies: _____

:::PARENT/GUARDIAN AGREEMENTS:::

I give permission for my above-named youth to join the Jr. High Group of Westheights Community Church for the following event:

Name of Event: LaserQuest

Drop Off Location & Time: LaserQuest, 1381 Victoria Street in Kitchener & 7:00PM

Pick Up Location & Time: LaserQuest, 1381 Victoria Street in Kitchener & 9:00PM

The Event Will and/or May Include: Running, playing laser tag, eating snacks, more running. LaserQuest may include strobe lights and/or dry ice. Please let us know if your student is sensitive to either of these.

Precautions are taken for the safety and health of your child, but in the event of accident or sickness, Westheights Community Church, its staff, and its volunteers are hereby released from any liability. In the event that your child requires special medical attention, x-rays or treatment, parents/guardians will be notified immediately. In case of surgical emergency, I hereby give permission to the physician selected by the church to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named on this form.

student's signature: _____

signature of parent or legal guardian: _____

printed name of parent or legal guardian: _____

date signed: _____

::: Did you sign the photo release on the back? :::

EVENT DETAILS

What: LaserQuest

Where: LaserQuest, 1381 Victoria Street in Kitchener

What to Bring:

- Good running shoes
- Clothes you can run in
- Extra money for arcade games (optional)

Cost: \$20

Drop Off: 7:00PM

Pick Up: 9:00PM

::: PHOTO RELEASE :::

I hereby give permission for:

- photos and video to be taken of my child;
- the use of photo/video images of myself and/or my child by Westheights Community Church, for the purpose of celebrating and promoting events.

I am aware that my and/or my child's photo/video image may appear on bulletin boards, on the Internet (e.g. on our church website, westheights.org, or on the church blog, connect.westheights.org) and may also be used in promotional slideshows or materials. Except with my express permission, my and my child's name will not be associated with any such published photo/video image.

students signature (if student is over 18): _____

signature of parent or legal guardian (if student is under 18): _____

date signed: _____