

Parent/Guardian Agreement: September 2018 – August 2019

We, the undersigned parents/guardians, grant permission for

#1 _____ (the student)

#2 _____ (the student)

#3 _____ (the student)

to activities that may take place and represent to you that the student is physically and participate in AVC sponsored events for the year 2018/2019. We have been advised of the nature and extent of the mentally able to participate in those activities.

We, as parents/guardians, understand that this activity, as in any youth activity, does present the risk of injury, even death, to the student rare as this may be, and we have advised the student to the ministry staff and volunteers at AVC, we, as parents/guardians, will communicate clearly to the student the necessity of safe and responsible conduct to limit the risk of injury or death.

If we, as parents/guardians, are not personally present at the specific activity in which the student is to participate, so as to be consulted in case of necessity, you are the authorized on our behalf to arrange for such medical and hospital treatment as you may deem advisable for the health and well-being of the student. The undersigned student has insurance.

This is a Christian event and will have a spiritual emphasis. Activities include, but are not limited to, transportation to and from various locations, water activities, winter activities, indoor/outdoor sports, and a wide variety of group or team building exercises. We as parents/guardians authorize transportation by AVC staff, approved volunteers or a sub-contracted transportation company.

I hereby voluntarily agree to allow the student to participate in these activities and understand that by doing so I am exposing the student to inherent risks and hazards. I agree to accept all risks and hazards and to be responsible for any injury or loss which may occur as a result of participating.

Photo/video ok for AVC to use for promotional material and social media?

Yes No

Parent/Guardian Name _____

Signature _____ Date _____

Witness Name _____

Signature _____ Date _____

FLIP THIS PAGE OVER AND FILL OUT THE OTHER SIDE PLEASE



Parent/Guardian Contact Information

Sept 2018 – Aug 2019

Name: _____

Email: _____

Ph: _____

Emergency Contact Info

Name: _____

Relation to Student: _____

Email: _____

Ph: _____



