

**Diocese of Calgary**  
**Youth Trip to Sorrento Young Sojourners Program**  
Friday, May 18<sup>th</sup>, 2018 to Monday, May 21<sup>st</sup>, 2018  
**CONSENT AND ACKNOWLEDGMENT OF RISK**

**PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING IT**

In exchange for being allowed to participate in the trip of youth from the Diocese of Calgary to Sorrento, British Columbia, from Friday, May 18<sup>th</sup>, 2018 to Monday, May 21<sup>st</sup>, 2018, I affirm the truth of the following statements:

1. The Synod of the Diocese of Calgary, its agents, employees, and volunteer workers are not liable for any injury, including illness or death, even resulting from negligence, suffered by any person on the trip, including travel to and from Calgary, Alberta, to Sorrento, British Columbia.
2. The potential hazards of this trip include, among other things:
  - a) All risks associated with transportation via Chartered Bus (Frontier Bus Lines) to and from Sorrento, British Columbia.
  - b) All risks associated with traveling while in and around Sorrento, British Columbia.
  - c) All risks associated with touring in and around Sorrento and staying at the camp, including, but not limited to, sleeping in tents, participating in games, evening fire sessions, work projects, and gardening.
  - d) All risks associated with communal living, such as group cooking, group travel and group sleeping quarters.
3. Each participant assumes all personal risks and liabilities associated with participating in this trip, even those arising from negligence, including, but not limited to, those risks associated with the potential hazards above.
4. It is the responsibility of each participant to advise Charmaine Evans of any health concerns that may affect his or her participation on the trip to Sorrento, British Columbia.
5. At the discretion of the employees or volunteer workers, The Synod of the Diocese of Calgary may obtain medical advice or services for any participant's health and safety. I shall be financially responsible for any service or advice that is attained on by behalf or on behalf of my child.

I have read this entire document and I understand its contents. I acknowledge the risks described in this document and by signing this document, I agree to waive certain legal rights which I may have against The Synod of the Diocese of Calgary and its agents, employees, and volunteer workers.

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Participant's Name

Parent/Guardian's Signature/Name  
or signature of adult if over 18

Date

**PARENTAL CONSENT TO TAKE PHOTOGRAPHS  
AND VIDEO RECORDINGS AND TO USE  
LIKENESS AND VOICE**

With respect to the Diocese of Calgary youth trip to Sorrento, British Columbia, departing Calgary on the 18<sup>th</sup> day of May, 2018, and returning on the 21<sup>st</sup> day of May, 2018, the Diocese of Calgary wishes to take photographs and video recordings of the trip to maintain a journal of the trip and to promote Diocesan youth program in its future endeavors.

In order for any child to appear in the photographs or video recordings, the consent of a parent or legal guardian is required.

We are requesting you sign this form to consent to photographs or video recordings of your child, which will result in a visual representation of your child or an audio recording of your child's voice or both. Your child's name will not be mentioned or displayed in any photograph or video.

**CONSENT:**

Participant's name \_\_\_\_\_

Printed name of parent or guardian if under 18: \_\_\_\_\_

Parent or guardian signature (or signature of participant if over 18):

\_\_\_\_\_

Date: \_\_\_\_\_

**Youth Trip from the Diocese of Calgary to Sorrento Centre's Young  
Sojourner's Program**

Friday, May 18<sup>th</sup>, 2018 to Monday, May 21<sup>st</sup>, 2018

Name of youth: \_\_\_\_\_

Home parish (if applicable) \_\_\_\_\_

Contact address and telephone number: \_\_\_\_\_

\_\_\_\_\_

Email of youth: \_\_\_\_\_

Email of parent or guardian: \_\_\_\_\_

Health Care #: \_\_\_\_\_

Birth date: \_\_\_\_\_

Allergies:

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

Medical Conditions:

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

Medications Taken:

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

Other Concerns:

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

Emergency Contacts:

(1.) \_\_\_\_\_ Phone:(h) \_\_\_\_\_ (c) \_\_\_\_\_

(2.) \_\_\_\_\_ Phone:(h) \_\_\_\_\_ (c) \_\_\_\_\_