

CONSENT FORM

GATEWAY CHURCH

As a parent/caregiver of: I,
..... give my consent for him/her to take part in **Gateway Youth**
to be held at **Gateway Church** on **Saturday Nights** from **5:00pm** to **8:00pm** starting **Saturday 22nd February 2020**.

I acknowledge that my son/daughter will be on site at Gateway Church during the times outlined above. While I am aware that staff will take all due care I recognize that accidents may occur.

The staff and supervisors have my authority to take whatever action they think necessary to ensure the safety, wellbeing and successful conduct of the participants as a group or individually in the above-mentioned activity.

If my child becomes ill or is accidentally injured, I agree that Gateway Church (**Acts Global Churches**) may obtain on my behalf whatever medical treatment my child requires. I will agree to pay all such medical expenses.

I have attached information as asked concerning my child's health including any relevant details of his/her limitations. My child's own local doctor or medical specialist may be contacted in an emergency.

I also acknowledge that Gateway Church (**Acts Global Churches**) and all its representative leaders or other helpers at Gateway Youth can accept no liability for any personal injury or property loss suffered by my child during this period of time.

Signed: Date:

Witnessed: Date: