

Consent for Minor to Travel to Canada

We, _____ and _____, make oath and say, that we are the lawful guardians of
[Full Name] [Full Name]

_____, born on _____ in _____.
[Full Name] [date of birth] [city, state of birth].

Our child, _____, has our consent to travel with adult supervisors from
[Full Name]

[Church Name]

[Church Address]

_____, USA, _____

[city, state] [zip]

Phone: _____

to Toronto to participate in Ignite 2011, a Christian youth conference, coordinated in part by

The church in Toronto
671 Sheppard Ave. E.,
North York, Ontario, M2K 1B6, Canada
(416) 221-7610

Our child will be leaving the United States of America on or about December 26th, 2011, and returning to the United States of America on or about December 28th, 2011.

In the event that our child requires emergency medical care and we cannot be reached, we give our consent for adult supervisors to make emergency medical decisions in our stead.

Any questions regarding this consent can be directed to us as follows:

[Street address]

_____, USA, _____

[city, state] [zip]

Home phone: _____

[Full Name of Parent #1]

Work phone: _____

Cell phone: _____

[Full Name of Parent #2]

Work phone: _____

Cell phone: _____

[Full Name]

[Full Name]

SWORN BEFORE ME at the City[Town] of _____ in the State of _____,
County of _____, this _____ of _____, 2011
(day) (month)

A Notary Public in and for the State of _____, County of _____

My commission expires on _____

Authorization and Release Form

Participant Information (Everyone)

Last Name: _____ First Name: _____ Age: _____
Address: _____
City: _____ State/Prov.: _____ Zip/Postal: _____
Phone Number(s): (____) _____ (____) _____

Emergency Contact Information (Everyone)

Emergency Contact #1: _____ Phone #: (____) _____
Medical Insurance Company: _____ Policy #: _____

Medical Release (Only Minors)

PARENT

I give my permission for _____ to attend:

The Rock 2011 (Dec. 26th, 2011 – Dec. 28th, 2011, Toronto, Ontario, Canada)

I also give permission for emergency medical care to be given if judged necessary by the adult supervisors during the above dates.

Permission Signature: _____ Date: _____
Relationship to minor: _____

Locality: _____ Registration Contact(s): _____
Daytime Phone: (____) _____ Evening Phone: (____) _____ E-mail: _____

Participant Release (Everyone)

I hereby authorize *YoungSeekers* to record the appearance and/or performance of _____ (participant's name) and to edit these recordings into a broadcast, video/audio production, or website and to use and license other entities to use such recordings in any appropriate manner, including unrestricted use for purposes of publicity. I further acknowledge *YoungSeekers* owns all rights to the aforementioned recordings.

I hereby agree indemnify *YoungSeekers* for all loss, damage and liability whatsoever arising out of my appearance.

(Print Participant's Name) (Participant's Signature) (Date)

PARENT

I am the parent and/or guardian of the above-named minor and I endorse the above statement in his/her behalf.

(Print Parent's Name) (Parent's Signature) (Date)