



Entwistle Community Church Plan to Protect Policy

Appendix 5

I/we, the Parents or guardians named below, authorize [ministry leader] or one of Entwistle Community Church Ministry Personnel to sign a consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedures for the participant named above.

I/we, named below, undertake and agree to indemnify and hold harmless Ministry Personnel, Entwistle Community Church, and its Leaders from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of Entwistle Community Church, as well as of any medical treatment authorized by the supervising individuals representing Entwistle Community Church. This consent and authorization is effective only when participating in or traveling to events sponsored by Entwistle Community Church.

Photos

Please sign below to grant permission for the reasonable use of pictures containing your Child in any or all of the following ways:

- Brochures/Promotional material
- Website
- Videotaping
- Church
- Newsletters

Purposes and Extent

Entwistle Community Church is collecting and retaining this personal information for the purpose of enrolling your Child in our programs, to assign the student to the appropriate classes, to develop and nurture ongoing relationships with you and your Child, and to inform you of program updates and upcoming opportunities at our organization. This information will be maintained indefinitely as it is a requirement of our insurance company and legal counsel. If you wish Entwistle Community Church to limit the information collected, or to view your Child's information, please contact us.

I also understand that there will be an off-site field trip to the Pembina River Day Park and visits to the Entwistle school playground that my child may attend with this year's Day Camp. I give permission for the staff and volunteers to take my child on this field trip during Day Camp week.

I have read, understood and agree with the above.

Parent Signature _____

Printed Name _____ Date _____