32068 King Road, Abbotsford, BC V2T 5Z5
Phone: 604-864-0030
Fax: 604-864-0031
www.kingroad.ca

Dear Parent/ Guardian,

We need the following forms signed in order for your child (Roaders) to participate at our **Christmas Connections (Visiting Seniors)** partial offsite event on **Thursday, November 19, 2026.**

- **Drop off/Pick up:** King Road Church CHAPEL
- **Time:** 6:45 pm-9:15pm
- **Cost:** None
- **Bring:** this waiver, your Bible, a question for a senior, and any craft supplies you might want for making Christmas Cards.
- One signature releases the church from liability and the other gives us permission to seek medical treatment for your child in the event of an emergency.

Thank You,
Youth Team

GENERAL RELEASE AND HOLD HARMLESS AGREEMENT – MINOR

I,_____, am the parent or legal guardian of_____(the "minor(s)"), who desires to participate at the **Christmas Connections** event on **November 19, 2026.** Supervised by King Road MB Church roaders Leaders.

I understand and acknowledge that King Road MB Church will not allow the minor to participate in the Activities without releasing and holding King Road MB Church harmless from any liability arising out of participation in the Activities. I understand there may be risks involved in the minor's participation in the Activities and fully assume such risks on his or her behalf. **I understand that the minor may be transported by vehicle between locations by a single adult driver with a minimum of 1 other minor or a secondary adult**

in the aforementioned motor vehicle.

I REQUEST THAT KING ROAD MB CHURCH ALLOW THE MINOR TO PARTICIPATE IN THE ACTIVITIES, AND IN CONSIDERATION THEREOF AGREE HEREBY TO RELEASE AND FOREVER DISCHARGE KING ROAD MB CHURCH, ITS OFFICERS AND DIRECTORS, AND ITS EMPLOYEES, AGENTS AND ANY PARTIES VOLUNTEERING ON BEHALF OF THE CHURCH FROM ALL ACTIONS, CAUSES OF ACTION, INJURIES, CLAIMS, DAMAGES, COSTS OR EXPENSES OF ANY KIND GROWING OUT OF OR RELATED TO ANY SUCH ACTIVITIES IN WHICH THE MINOR PARTICIPATES. I UNDERSTAND THAT THIS IS A FULL AND COMPLETE RELEASE OF ALL INJURIES AND DAMAGES WHICH I OR THE MINOR MAY SUSTAIN AS A RESULT OF HIS OR HER PARTICIPATION IN ANY OF THE ACTIVITIES, REGARDLESS OF THE SPECIFIC CAUSE THEREOF.

I further acknowledge and agree that I have given my consent for the minor to participate in the Activities and to remain in the custody of King Road MB Church representatives while participating in the Activities.
This agreement is binding on all minor's heirs, successors and personal representatives.

Signed:_____ Dated:_____
Parent/Guardian

MEDICAL TREATMENT AUTHORIZATION AND POWER OF ATTORNEY

In the event the minor suffers an injury or condition during his or her participation in the Activities, including transportation to and from the Activity, which may endanger his or her life, cause disfigurement, physical impairment, or undue discomfort if medical treatment is delayed, and reasonable attempts to contact me have been unsuccessful, I hereby appoint eligible members of King Road MB Church leadership team as my agent(s) to act for me and in my name (in any way I could act in person) to make any and all decisions for the minor concerning his or her personal care, medical treatment, hospitalization and health care.

This power of attorney and delegation of authority shall terminate when the agent is first able to contact me.

Special medical allergies, chronic illness or other conditions:_____
Minor's name/s _____
Medical #:_____
Signed:_____ Dated:_____
Parent/Guardian Cell Phone:_____