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

Youth Ministry Waiver for 2026-2027 Programs
(Please complete one form/family)

Names of Parent(s)/Guardian(s): _____

Full Address: _____

E-mail:_____

Guardian's Cell:_____ Second Guardian's Cell:_____

Contact name & number (other than parents) for pickup/emergencies:

_____

School that children attend:_____

Children Involved in Youth Ministries
(List all children Grade 6–Grade 12)

Name	Gender	Birthdate (M/D/Y)	Grade in Fall	Allergies

PHOTO RELEASE: We enjoy taking photos of the children .These photographs may be used in various ways, including but not limited to: bulletin boards, gifts to children and families, web-site updates, and future promotion material. I, _____ (parent/guardian signature) authorize that photographs may be taken of my children listed on this page.

SOCIAL MEDIA/TEXT/EMAIL/: Communication through social media/text/email may be necessary throughout the year as the schedule/weather/etc may change.

I,_____(parent/guardian signature) authorize King Road Church youth leaders to contact my children listed on this page via social media/text/email.

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Please read this form carefully before providing your consent.

At **King Road Church**, we believe effective discipleship means being able to continue **safe, Christ-centred, mentor-driven relationships** in relational and relevant ways. Digital communication is a crucial piece of developing relationships in our culture, and we want to **responsibly embrace that reality**. We have decided to use **TWELVE** as a core method of digital follow-up. You can learn more about **TWELVE** at **TWELVEapp.co** or by asking one of our team members for more information.

I, the parent/guardian, hereby give **consent** for my **children** to **communicate** with their leaders and other children/youth on the **TWELVE app**. I understand the risks associated with digital communication. I understand and agree to the terms outlined below:

Purpose: Studies show that the majority of youth who continue following Christ into adulthood are those who have developed deep, genuine relationships with a caring adult. King Road Church ROADERS will use **TWELVE** to expand our ability to build **relationships safely and effectively.**

Supervision: As is the case with in-person ministry, **appropriate supervision** is necessary to ensure a **safe environment** that promotes **accountability** and **transparency**. Each group chat will be **monitored** and **moderated** by our leaders; certain members of our team will have the ability to monitor any chat at any time. King Road Church ROADERS commits to providing **reasonable supervision** for your child.

Leader Training: Formal training ensures leaders understand what appropriate online communication looks like and how to respond to inappropriate communication. King Road Church ROADERS will only allow leaders who have been trained in appropriate online communication via ***Plan to Protect***® to interact with your child on **TWELVE**.

Acknowledgement: I acknowledge that I have read and understood the terms of this consent form and the terms and conditions of using **TWELVE**, which can be found at **TWELVEapp.co/terms-and-conditions** or by request to King Road Church ROADERS. I give consent for my child to use the **TWELVE app** to engage in online communication with their leaders and peers.

By signing below, I confirm that I am the legal parent/guardian of the children named on the previous page and provide my consent for King Road Church ROADERS to communicate digitally, using the **TWELVE app** in accordance with the terms outlined above.

Parent/Guardian's Name: _____

Parent/Guardian's Signature:_____ Date: _____

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GENERAL RELEASE AND HOLD HARMLESS AGREEMENT – MINOR

I, _____, am the parent or legal guardian of _____ (the "minor"- name all), who desires to participate in various programs, events or activities (hereinafter collectively referred to as the "Activities") operated by King Road MB Church on-site for the year **September 2026 - August 2027.**

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/sickness 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 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.

Dated:_____

Signed:_____ Parent/Guardian

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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.

1. Minor's name: _____ Age: _____ Medical #: _____

Special medical allergies, chronic illness or other conditions:

2. Minor's name: _____ Age: _____ Medical #: _____

Special medical allergies, chronic illness or other conditions:

3. Minor's name: _____ Age: _____ Medical #: _____

Special medical allergies, chronic illness or other conditions:

4. Minor's name: _____ Age: _____ Medical #: _____

Special medical allergies, chronic illness or other conditions:

Family Doctor: _____ Doctor's phone: _____

Dated: _____Signed:_____ (parent/guardian)