

**RELEASE OF LIABILITY**  
PLEASE READ CAREFULLY



This is a legal document. By signing this document you are agreeing to give up certain legal rights including the right to sue. You are also assuming certain obligations. By signing both parent(s) and child are agreeing to the terms and stipulations outlined on this page.

**Event:** Burn Weekend 2012  
**When:** Friday, February 3 at 6:00pm to Saturday, February 4 at 12:00pm.  
**Where:** Roblin Wesleyan Church, 3100 County Rd. 41, Roblin (north of Napanee)  
**Cost:** \$30 + extra money for pizza Friday night and snacks. \$30 covers entrance and breakfast Saturday.  
**Purpose:** Youth all-night event (games, sports, music and a gospel speaker)  
**Leaders:** Leslie Mainprize, Brandon Shillington  
**Contact Number:** Roblin Wesleyan Church 613-388-2518, Brandon Shillington cell 613-403-4339

Release of Liability (this form) to be given to Brandon Shillington before departure for the event Feb. 4. Parents to drop off their teens at Frankford FMC at 5:00 pm Friday and pick them up at 12:45 pm Saturday (same spot). If you need us to help with drop off or pick up please ask and we will try to accommodate.

- By signing the permission form parents and teens are agreeing to expectations for this event:
1. Teens are responsible to the leadership and direction of adult leaders and will comply with all instructions for the duration of the event.
  2. Behaviour will need to reflect that of a Christian community by serving and loving others.
  3. Teens are responsible for any loss or damage to their property.
  4. Teen/parents agree that they will not hold Frankford Community Free Methodist Church, the denomination, leaders, volunteers or pastors liable for any damage or injury to person or property that might occur during the event.
  5. I (teen) understand that I am responsible for my own behaviour and any behaviour that is unacceptable will result in negative consequences for me, including a call home. Parents agree to come pick up your teen at Roblin Wesleyan Church, 3100 County Rd. 41, Roblin should this be deemed necessary by the leader

**Release of Liability & Emergency Medical Care Consent Burn Weekend 2011, Roblin.**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Parents' Home #: \_\_\_\_\_ Parents' Cell #: \_\_\_\_\_  
Birthdate (of teen): \_\_\_\_\_  
Health Card # (of teen): \_\_\_\_\_  
Allergies/Medications/Conditions: \_\_\_\_\_

**I (parent/guardian) hereby authorize Leslie Mainprize or Brandon Shillington to act on my behalf should my child need medical assistance, including hospitalization. I also understand I will be notified as soon as possible if such action has been taken.**

Teen Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Witness: \_\_\_\_\_ Date: \_\_\_\_\_