



Event: Chiefs Hockey Game

Where: 720 W Mallon Ave, Spokane, WA 99201

Mode of Transportation: Riding with trusted adults

Youth Pastor: Jon Miller | (951) 315-5658 | jmiller@idaho.church

Youth Assistant: Miranda Cowell | (208) 610-3154 | mcowell@idaho.church

Date: Saturday, February 23, 2019

Cost: \$17 plus either pack a lunch or send money for food (suggested \$20)

Time: Meet at the church at 2pm

Pick up: At the church at 11:30pm

Join us as we attend a Chiefs hockey game! The event the cost is \$17 for each ticket and help paying for gas. You can either pack a lunch or send money for food (suggested \$20). We will be stopping at Wendys for dinner before the game. There will also be opportunity to purchase food at the game.

The leaders will NOT be responsible for holding students food money. Send it with them on the day of. Please turn in your permission slips as soon as possible. There is LIMITED seating and it is first come, first serve basis. Both the permission slip and the money are required to reserve your spot.

Permission slip AND money DUE by Wednesday, February 20th to Miranda Cowell.



RELEASE AND WAIVER OF LIABILITY FORM

I, the undersigned, will be participating in **CHIEFS HOCKEY GAME** (hereafter the "activity") with Mountain Springs Church at **720 W MALLON AVE, SPOKANE, WA 99201** on **FEBRUARY 23, 2019**.

I recognize that there are risks involved in participating in this activity and hereby assume all risk of injury, harm, damage, or death in connection with my participation in this activity. I understand and agree that neither Mountain Springs Church nor its trustees, officers, directors, employees, agents or representatives may be held liable in any way for any injury, harm, damage, or death that may occur to me as a result of my participation in this activity and hereby release Mountain Springs Church, its trustees, officers, directors, employees, agents and representatives from any injury, harm, damage or death, which may occur while I am participating in the activity. To the fullest extent permitted by law, I agree to save and hold harmless Mountain Springs Church, its trustees, officers, directors, employees, agents and representatives from any claim by myself, my estate, heirs, successors, assigns or other persons arising out of my participation in the activity.

I authorize Mountain Springs Church through its trustees, officers, directors, employees, agents or representatives to render or obtain such emergency medical care or treatment for me as may be necessary should any injury, harm or accident occur to me while participating in this activity. I consent to any medical, surgical, x-ray, anesthetic, or dental treatment that may be deemed necessary. I understand that efforts will be made to contact my emergency contact prior to treatment, but in the event that they cannot be reached, I give permission to the activity leader or attending physician. I understand and acknowledge that Mountain Springs Church does not provide health or medical insurance in connection with the activity and I agree that I will be financially responsible for any bills incurred as a result of medical treatment, including emergency medical treatment and/or transportation to a medical facility, in connection with my participation in the activity.

I am hereby advised that photographs or video of participants may be taken during this activity and used in social media, publications, websites or other materials produced from time to time by Mountain Springs Church. I understand that if I do not wish to have photographs or video used in such publications that I must provide written notice Mountain Springs Church. I understand that Mountain Springs Church has no control over the use of photographs or video taken by media that may be covering the event.

I hereby acknowledge that the above information is true and accurate. By signing below, I grant consent for myself, any additional adults, and any additional minors listed below to participate in the activity.

Minor(s)

Printed Name _____ Birth Date _____

Printed Name _____ Birth Date _____

Printed Name _____ Birth Date _____

Printed Name _____ Birth Date _____

Adult(s)

Printed Name _____ Birth Date _____

Printed Name _____ Birth Date _____

Printed name of Parent/Guardian _____ Phone _____

Signature _____ Date _____

Emergency Contact _____ Phone _____