



# Merge Night

**WHEN:** Friday 15<sup>th</sup> June 2018

**TIME:** 6.15pm – 9:30pm

**WHERE:** Drop off & Pick up at LCC (We will be travelling to Subiaco Church in a bus)

**COST:** \$2

**BRING:** Permission form, warm clothing, eat dinner before the event.

For more info please contact Brian Durand on 9313 1600 or email [riseyouth@lifestreamscc.com](mailto:riseyouth@lifestreamscc.com)

Contact Number on the Night: Brian - 0410 712 407

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## **Authorisation, Release & Indemnity by Parent or Guardian:**

I \_\_\_\_\_ give my permission for my son/daughter \_\_\_\_\_ to participate in the Lifestreams Christian Church Rise Youth Merge Night event on 15<sup>th</sup> June 2018, which includes bus and or/motor vehicle transport to and from excursions ("Activities"). **I do / do not (please circle)** give my permission for my son/daughter's photo to be taken for purposes of Rise Youth only.

In consideration of Lifestreams Christian Church Inc allowing our child to take part in the Activities:

- a) I agree, to the extent permitted by law, to absolve, release, discharge and indemnify Lifestreams Christian Church Inc. its employees and volunteers ("LCC") from any and all liability for any injury, loss or damage to our child however caused, arising out of our child's participation in the Activities, including without limitation, where caused by an acts of negligence by LCC;
- b) I agree to indemnify LCC from any and all liability for any injury, loss or damage to LCC or any other person resulting from an act of omission of my child during the Activities;
- c) I authorise LCC to consent on my behalf, where it is impractical to communicate with me, for my child/children to receive medical treatment deemed necessary. I accept responsibility for payment of all expenses associated with such treatment including ambulance fees.

Signature of Parent or Guardian \_\_\_\_\_

Full Name (Please Print) \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact Number \_\_\_\_\_