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# Consumed Conference 2024 Waiver

To the parent/guardian,

This waiver form is for Consumed 2024 which is a youth conference for students in grades 6-12 and will be an overnight event held in Courtenay, BC. You can find all the details about the conference at [consumedconference.ca](http://consumedconference.ca).

<p><b>WHAT:</b> Consumed Conference 2024 <b>WHERE:</b> 1640 Burgess Rd, Courtenay, BC <b>WHEN:</b> April 26-28, 2024</p>
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## STUDENT INFO

Student Name(s): \_\_\_\_\_

Medical Care Card #: \_\_\_\_\_

Medical and/or Allergies: \_\_\_\_\_

Home Address: \_\_\_\_\_

## CONTACT INFO

Primary Contact Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Primary Contact Email: \_\_\_\_\_

Secondary Contact Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

## WAIVER

As the parent/guardian of the above-mentioned student, I \_\_\_\_\_  
Parent/Guardian Name

hereby grant permission for him/her to participate in Consumed Conference from April 26-28, 2024. We release Consumed Conference, its staff, volunteers, and offsite hosts from all claims resulting in illness, injuries, death or other damages to property or persons, which may be sustained by your child during their participation at Consumed Conference. In the event of illness or injury, we hereby authorize leaders of the church to obtain appropriate medical assistance and treatment for the above child. Should they choose to act inappropriately over the course of the events, I give hold the right to remove and have the student sent home.

If you DO NOT consent to photos/videos to be taken of your child for church sharing purposes, please state below:

\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date