

# HIGHLAND Mennonite Brethren CHURCH

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www.hmbc.ca

November 17, 2021

Dear Highland Youth Parents/Guardians:

As part of Highland Mennonite Brethren Church's ministry to your Child, Youth, or Vulnerable Adult we are planning an HMBC-sponsored Ministry Activity which requires your informed consent prior to their participation. While every precaution is taken for safety and good health, some sports and activities carry with them the inherent risk of personal injury beyond the risks associated with many of the recreational HMBC-sponsored Ministry Activities. Once you've reviewed the details below and are in agreement with your Child, Youth or Vulnerable Adult's participation, please sign the informed consent and submit it to me or the HMBC office prior to the Ministry Activity of elevated risk. This informed consent is given in addition to a completed *Annual Registration and Release Form*. If your Child, Youth, or Vulnerable Adult does not already have one on file, please complete and submit it along with your informed consent.

## Ministry Activity of Elevated Risk

Date of Ministry Activity - **Friday, December 3, 2021 from 6:30 - 9:30 p.m.**

Description - **Highland Youth volunteering at Operation Christmas Child Processing Center**

Purpose - **Inspecting prepared shoe box gifts and making them ready for overseas shipment**

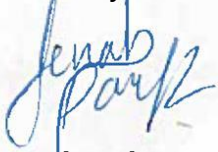
Specifics - **Youth (age 14 & up) are meeting at Samaritan's Purse Canada, 20 Hopewell Way NE. Youth will be supervised by screened Youth Leaders.**

Additional Information - **This Informed Consent must be accompanied by the Short-Term Volunteer Release Form and the COVID-19 Health Screening Assessment provided in the weekly Highland Youth e-mail or at <https://www.samaritanspurse.ca/operation-christmas-child-processing-center-volunteers/>.**

Special Information: **Youth should dress for working in a warehouse.**

Associated Risks include but are not limited to - **Tripping; falling; bumping into things.**

Sincerely,



Jenah Park  
NextGen Director  
[youth@highlandchurch.ca](mailto:youth@highlandchurch.ca)  
403-813-8629

Our mission is to follow Jesus Christ and help others know, love, and serve Him!

**Informed Consent – choose one of the following options:**

- I have been informed by Volunteers and Staff of Highland Mennonite Brethren Church of the details of a Ministry Activity of elevated risk taking place on **Friday, December 3, 2021** and authorize the participation of my Child, Youth, or Vulnerable Adult in this HMBC-sponsored Ministry Activity; or
- I trust the Volunteers and Staff of Highland Mennonite Brethren Church to inform me of the details of each Ministry Activity of elevated risk taking place throughout the current ministry year (ending August 31) and authorize the participation of my Child, Youth, or Vulnerable Adult in each of these HMBC-sponsored Ministry Activities. I understand that I may revoke this Informed Consent in writing at any time.

**Participant’s Information**

Child, Youth, or Vulnerable Adult’s Full Name:

Home Phone #

Cell Phone #

**Emergency Contacts (include the proper custody agreement authorizations)**

Parent or Caregiver

Cell Phone #

Additional Parent or Caregiver

Cell Phone #

Additional Emergency Contact

Cell Phone #

Relationship to Additional Emergency Contact:

**Liability Release**

*I understand that I am exposing my Child, Youth, or Vulnerable Adult to inherent risks and hazards. I accept all these risks and hazards and agree that by allowing their participation, I take responsibility for any injury or other loss which may occur during their participation in this HMBC-sponsored Ministry Activity. I undertake and agree to indemnify and hold harmless the Canadian Conference of Mennonite Brethren Churches, The Alberta Conference of Mennonite Brethren Churches, and Highland Mennonite Brethren Church, each of their leadership, staff, and volunteers from and against any loss, damage or injury suffered by my Child, Youth, or Vulnerable Adult as a result of participating in this HMBC-sponsored Ministry Activity, as well as of any medical treatment authorized by the persons supervising my Child, Youth, or Vulnerable Adult within the context of HMBC Ministry Activities.*

**Signature**

Signature of Parent/Caregiver

Printed Name of Parent/Caregiver

Date

**Purposes and Extent**

*HMBC collects and retains this information for the purposes of having written consent for your Child, Youth, or Vulnerable Adult’s participation in the named Ministry Activity of elevated risk. Upon review and any required follow-up, the original document is filed indefinitely – upon recommendation by our insurance company and legal counsel - in HMBC’s CONFIDENTIAL archives. The information collected is also stored in a password-protected database. The information is accessible only to the Ministry Team Leader, Designated Screening Personnel, Leadership Team, and where required by law. If you wish to limit the information collected, or to view your Child, Youth, or Vulnerable Adult’s information, please contact HMBC. A temporary copy of this document is maintained in the care of the Ministry Team Leader on off-site HMBC-sponsored Ministry Activities.*

**This informed consent is in addition to a completed Annual Registration and Release Form.**