



# Heritage Christian School

907 Badke Road, Kelowna, BC V1X 5Z5

Phone (250) 862-2377 Fax (250) 862-4943

Web Address: [www.heritagechristian.ca](http://www.heritagechristian.ca) Email: [office@heritagechristian.ca](mailto:office@heritagechristian.ca)

*A ministry of the Kelowna Christian Center Society*

## PERMISSION AND RELEASE OF LIABILITY

Student Name	Phone Number	Emergency Number
Address	City	Postal Code

Location and dates are as indicated in the school newsletter or by letter sent home from the teacher throughout the school year.

The undersigned represents to Heritage Christian School, (hereafter referred to as HCS), that he/she is the natural parent or the legal guardian of the above named child; and the undersigned does hereby consent to such minor taking part in all field trip activities off of school property with the full understanding insofar as such activity will involve learning and sporting activity and mingling with other individuals and groups, that there is always the risk of injury, illness, loss and possible consequent expense for medical, diagnostic and curative treatments, and incidental loss and expense, and the undersigned does for him/herself and for and on behalf of such minor assume the risk of such and expense, and does hereby wholly release HCS from any responsibility or liability; and waives any claims or causes of action against it or its agents that might arise on account of loss, injury or expense occasioned by any sort of accident or any other circumstance involving such child, and agrees to hold harmless HCS in event any such claim should arise; and the undersigned agrees to abide by the rules and regulations, supervision and discipline set and applied by HCS and its agents, and does hereby authorize HCS or its staff members or other agents to arrange for and consent to x-ray examinations, anaesthetic, dental, medical or surgical diagnosis, and treatment, and hold harmless HCS from any such. The undersigned will furnish payment or insurance for any such payment, at his or her own expense.

### AUTHORIZATION

I give permission for my son/daughter to attend HCS off-property functions. I have read the above Permission and Release of Liability and agree to its provisions.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Relationship to minor \_\_\_\_\_

**Mr. Steve Cox**  
Elementary Principal  
[scox@heritagechristian.ca](mailto:scox@heritagechristian.ca)

**Mr. Gord Robideau**  
Director of Development and GCP  
[grobideau@heritagechristian.ca](mailto:grobideau@heritagechristian.ca)

**Mr. Paul Kelly**  
Secondary Principal  
[pkelly@heritagechristian.ca](mailto:pkelly@heritagechristian.ca)