

GEN8

MENTORSHIP • BROTHERHOOD • PURPOSE

PARENT / GUARDIAN CONSENT & PARTICIPATION WAIVER

This form gives Gen8 permission to include the youth named below in regular Gen8 programming and activities. Please complete one form for each youth participant.

YOUTH INFORMATION

Youth full name: _____

Date of birth: _____

Parent / guardian name: _____

Relationship to youth: _____

Primary phone: _____

Email: _____

Emergency contact (if different): _____

Emergency contact phone: _____

PARTICIPATION CONSENT

I give permission for the youth named above to participate in Gen8 programming, which may include mentorship, group discussions, faith-based activities, recreation/sports, meals, community service, workshops, local outings, and other supervised activities communicated by Gen8.

☐ I consent to my youth participating in regular Gen8 programming.

☐ I understand that participation is voluntary and that activities may involve ordinary risks associated with group, recreational, community, or off-site activities.

☐ I agree to provide Gen8 with relevant information needed to support my youth's safe participation and to update Gen8 if important information changes.

EMERGENCY CARE

If I cannot be reached in an emergency, I authorize Gen8 leaders to obtain reasonable emergency assistance for my youth, including contacting emergency services. I understand that Gen8 leaders are not medical professionals and will act according to the circumstances and information reasonably available to them.

☐ I authorize Gen8 to contact 911/emergency services when reasonably necessary.

Allergies / medical, behavioural, accessibility, or safety information Gen8 should know:

Medications or emergency supports youth may carry/use:

ACKNOWLEDGEMENT & RELEASE

I understand that Gen8 will take reasonable steps to provide safe and appropriate supervision, but not every risk can be eliminated. To the extent permitted by law, I accept the ordinary risks of voluntary participation. Nothing in this form is intended to waive rights or responsibilities that cannot legally be waived, or to excuse negligence where liability cannot lawfully be excluded.

PARENT / GUARDIAN SIGNATURE

I confirm that I am the parent/legal guardian or otherwise authorized to provide this consent, and that the information above is accurate to the best of my knowledge.

Parent / Guardian Name

Signature

Date

GEN8

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PARENT / GUARDIAN TRANSPORTATION CONSENT & WAIVER

Complete this page if your youth may travel to or from Gen8 programming, outings, events, service activities, sports, or other approved Gen8 activities in transportation arranged or approved by Gen8.

YOUTH & PARENT / GUARDIAN

Youth full name: _____

Parent / guardian name: _____

Primary phone: _____

Emergency phone: _____

TRANSPORTATION PERMISSION

I authorize the youth named above to be transported for approved Gen8 activities when transportation is arranged or approved by Gen8. Transportation may include a vehicle driven by an authorized Gen8 leader/volunteer or another transportation arrangement communicated to the parent/guardian.

☐ YES - I give permission for my youth to be transported for approved Gen8 activities.

☐ NO - I do not give permission. I will arrange my youth's transportation.

If YES, please indicate any limits:

☐ Transportation to/from regular Gen8 meetings is permitted.

☐ Transportation for local outings, events, community service, sports, or activities is permitted.

☐ Transportation outside the Niagara area requires my separate knowledge/approval.

☐ Other restriction: _____

TRANSPORTATION EXPECTATIONS

☐ Youth must use an available seat belt and follow reasonable vehicle and safety instructions.

☐ Drivers are expected to be appropriately licensed and insured for the vehicle being used.

☐ Gen8 will use reasonable efforts to communicate significant transportation plans and changes.

☐ Parents/guardians remain responsible for communicating pickup/drop-off arrangements and any restrictions affecting their youth.

RISK ACKNOWLEDGEMENT

I understand that motor-vehicle travel involves risks, including the possibility of collision, injury, delay, or other unforeseen events. I voluntarily authorize transportation as selected above. To the extent permitted by law, I accept the ordinary risks associated with that transportation. Nothing in this form is intended to waive rights or responsibilities that cannot legally be waived, or to excuse negligence where liability cannot lawfully be excluded.

EMERGENCY AUTHORIZATION

If an emergency occurs during transportation and I cannot be reached, I authorize the supervising Gen8 adult to contact emergency services and take reasonable steps to protect my youth until I or another authorized guardian can be contacted.

PARENT / GUARDIAN AUTHORIZATION

I have read this transportation consent, understand the choices above, and authorize transportation only to the extent I have selected.

Parent / Guardian Name	Signature	Date
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FOR GEN8 USE ONLY

Transportation restrictions noted: _____

Reviewed by / date: _____

Keep this form with the youth's current intake/consent record. Confirm transportation permission before relying on it for an activity.

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