

WAIVER & MEDICAL RELEASE FORM 2018/19

Youth Friday Nights, Off-Site & Small Group Activities

Participate Information

Name: _____ Date of Birth: _____ Age: ___ Grade: ___ Gender: ___

Home Address: _____ Email: _____

Home Phone: _____ Cell Phone: _____

Allergies, special needs, or medical concerns: _____ YES _____ NO

If YES, please explain: _____

Is your child bringing any medication with them? _____ YES _____ NO

If yes, please attach a completed medication information form.

Family Physician and Phone: _____ Provincial Health Insurance #: _____

Guardian Information

Guardian Contact #1: _____ Relation: _____

Emergency Phone #: _____ Email: _____

Guardian Contact #2: _____ Relation: _____

Emergency Phone #: _____ Email: _____

Consent

At youth events we take pictures to remember events and share the excitement of youth group with others. We may take pictures of your child and use them on the youth web site or in another form of promotional material (e.g. Brochure, Facebook, etc.) Unless submitted in writing to the church we will assume this is permissible.

I hereby give permission for my child, _____, to take part and receive the advantages of the Ellerslie Road Baptist Church youth ministry and to be transported for youth activities by bus, church vehicles, and/or private vehicles. In the event of an emergency and medical treatment is required, I give permission to the staff and/or volunteers to obtain services for treatment as deemed necessary if I cannot be contacted in a reasonable amount of time. I recognize that there are risks inherent in activities my child may be engaged in and I waive, hold harmless, or indemnify Ellerslie Road Baptist Church, its instructors, paid or volunteer staff, successors, heirs and assigns from any action. I do hereby release, forever discharge and agree to hold harmless, Ellerslie Road Baptist Church and the representatives thereof from any and all liability claims, or demands for personal injury, sickness, or death, as well as property damage and expenses of any nature whatsoever which may be incurred by my child in the course of participation in the aforementioned. Furthermore, I agree to assume all responsibility for any of the previously mentioned occurrences.

Parent/Guardian Printed Name

Parent/Guardian Signature

Date