

PRETEEN WAIVER FORM

PARTICIPANT INFORMATION

Full Name _____

Address _____

Birthday (M/D/Y) _____ / _____ / _____ **Gender** _____

Grade _____ **AB Health #** _____

Any serious allergies, special needs or medical conditions?

Will your child bring medication with them? Yes No ****If yes, please ask for a Medical Information Form**

EMERGENCY CONTACTS

Contact #1 Name _____ **Contact #2 Name** _____

Relationship _____ **Relationship** _____

Cell Number _____ **Cell Number** _____

CONSENT

Media Release

Pictures and video recordings will be taken to remember our time together and for promotional purposes. We will never disclose names, ages, or any other private information. Your consent is assumed unless a request to opt-out is submitted in writing to ekids@erbc.ca.

Activity Release

I hereby give permission for my child to take part preteen events at Ellerslie Road Baptist Church. In the event of an emergency where medical treatment is required, I give permission for the staff and/or volunteers to obtain services for treatment as deemed necessary in the event myself or my emergency contacts cannot be reached in a reasonable amount of time. I recognize that there are inherent risks involved in activities. I agree to indemnify and hold blameless Ellerslie Road Baptist Church, its volunteers, personnel, leaders, and board from any loss, damage, or injury as a result of my child's participation. I hereby release, forever discharge, and agree to hold harmless, Ellerslie Road Baptist Church and its representatives, 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's participation at this event. Furthermore, I agree to assume all responsibility for any of the previously mentioned occurrences.

Parent/Guardian Printed Name

Parent/Guardian Signature

Date