

YOUTH & STUDENT MINISTRIES CONSENT/WAIVER & MEDICAL RELEASE FOR YOUTH & STUDENT ACTIVITIES DURING SEPTEMBER 2019 - AUGUST 2020

In case of an emergency, I hereby give permission for my child, _____ (full name of child), to be treated by the physician or hospital selected by any of the adult sponsors of Central Street Christian Church.

In consideration of my child being allowed to participate in activities sponsored by Central Street Christian Church, I (we), do for myself (ourselves) and for and on behalf of my child (participant), do hereby release, forever discharge, and agree to defend, indemnify, and hold harmless Central Street Christian Church in Summerside, Prince Edward Island and its employees, officers, directors, trustees, members, agents, elders, deacons, staff, trip sponsors, vehicle owners, and vehicle drivers from any and all liability, claims, suits, or demands for personal injury, sickness, or death, emotional injuries of any kind, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child (participant) that occur while said child is participating in an activity sponsored by Central Street Christian Church. I (we) accept full personal financial responsibility for any loss or injury suffered by my child (participant) including but not limited to any medical or hospital treatment rendered to child (participant).

I (we) understand that many of the activities will be physical in nature, may include travel and, I (we), and on behalf of my (our) child (participant), hereby assume all risk of personal injury, sickness, death, emotional injury of any kind, damage, loss, and expenses as a result of participation in all activities involved therein.

I (we) further agree to allow Central Street Christian Church to use photographs and video recordings to be used in promotional materials and products related to the church and its ministries free of charge.

I (we) further hereby agree to defend, hold harmless and indemnify Central Street Christian Church, its elders, employees, officers, directors, trustees, members, staff, deacons, and agents, (including trip sponsors and vehicle owners) for any liability, loss, or damage sustained by said church as a result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

I (we) are the parent(s) or legal guardian(s) of this participant, and hereby grant my (our) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including, but not in limitation to, emergency surgery or medical treatment, and I (we) assume the responsibility of all medical bills, if any.

Central Street Christian Church is not responsible for theft or loss of personal belongings.

If a dispute over this agreement or any claim for damages arises, I (we) agree to resolve this matter through a mutually acceptable alternative dispute resolution process. If I (we) and Central Street Christian Church and I cannot agree upon such a process, I (we) agree to arbitrate the matter at the jurisdiction of the Courts of the Province of Prince Edward Island.

X _____ Authorized Signature of Parent(s) or Legal Guardian(s) Student may sign if they are 18 years old and above	_____ Date (YYYY-MM-DD)
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Full Name of Child	Date of Birth (dd/mm/yyyy)	Gender (M/F)	Grade
Address – Street No., Name, Apt/Unit#			
City	Province	Postal Code	Home Phone
Father's Name	Work Phone		Cell Phone
Mother's Name	Work Phone		Cell Phone

Emergency Contact (in case you cannot be reached):

Name	Phone	Cell	Email
Name of Family Doctor		Doctor's Phone Number	

Medical Information (it is important to have these filled in or attach a separate paper if necessary):

Health Card No.:
Is your child taking medication (prescription/over-the-counter)? Please indicate:
Is your child allergic to any medicine? Please indicate:
List any other allergies (explain):
List medical conditions:
List surgeries (if applicable):

<i>Office Use Only:</i> High School Student:	Junior High Student:	Visitor:
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