

Please fill in all the blank spaces for the event that you will be attending.

EVENT NAME: _____

EVENT DATE(S): _____

Name: _____

Address: _____

City: _____

Postal Code: _____

Phone #: _____

Health Card #: _____

Medical Conditions: _____

Emergency Contact (Parent/Guardian): _____

Emergency Contact HOME Phone #: _____

Emergency Contact WORK Phone #: _____

Emergency Contact CELL Phone #: _____

Waiver/Release

The youth from Mission Baptist Church (100 North Oval, Hamilton, ON, L8S 3Z1) will be taking part in the event listed above on the date(s) specified above. By signing below, the parent/guardian is releasing Mission Baptist Church and all its volunteers and sponsors from any and all claims for liability (which may include liability for personal injury) arising from participation in this event. This includes traveling to and from the event and any incident that may transpire at the event itself. By signing below, the parent/guardian understands that every effort will be made to contact them in case of an emergency. If it becomes necessary, the parent/guardian also gives permission to the representatives of Mission Baptist Church and/or the event staff to transport the youth listed above to any licensed physician for medical treatment (and that the undersigned will assume responsibility for any cost connected with such treatment).

I/We have read, understood and accept these conditions. Today's Date: _____

Signature of Parent/Guardian

Signature of Youth (Under 18 years)