

Activity Program Waiver and Medical Release
Knox Presbyterian Church

Description of Activity: _____

Is this Activity considered High Risk? _____ Yes _____ No
Date: _____

Full Name of participant: _____
First Last

Birth Date (N/A for adult): _____

Full Address: _____

Parent/guardian/caregiver name(s): _____

Home/residence phone: _____ Cell phone: _____ Work phone: _____

Does participant have any allergies or other medical condition that leaders should be aware of? _____ Yes _____ No

If yes, please list and explain _____

All reasonable precautions for the safety and health of the participant will be taken. He/she will be properly supervised in activities. In the event of accident or sickness, Knox Presbyterian Church, its staff and volunteers are released from any liability.

In the event of injury requiring medical attention, I authorize treatment for the participant and understand that reasonable attempts will be made to contact me should such a situation occur.

In the event that travel or activities take place outside this province, I understand that any medical costs incurred involving the participant are my responsibility. The participant must be covered by provincial health insurance or equivalent medical coverage.

Participant's Health Card number: _____
Participant's Family Physician: _____ Phone: _____

Contact person in case of emergency and parents/guardians/caregivers cannot be reached:
Name: _____ Phone: _____
Name: _____ Phone: _____

Parent/Guardian Signature: _____
Parent/Guardian Name (Print): _____

* I give permission for my child to be transported by car with a volunteer driver.