

Waiver Form:

Name: _____

Address: _____

Alberta Health #: _____

Emergency Contact: _____

Emergency #: _____

I, the undersigned parent or guardian do hereby grant permission for my son/daughter _____ to attend the youth event. I acknowledge, understand and agree that in participating in this event there is a possibility of physical injury/illness (both acute and permanent) and that my son/daughter is assuming risk of such injury/illness by his/her participation. I assume full responsibility for my son's/daughter's participation. In order that my son/daughter may receive the necessary medical treatment in the event of injury or illness, I hereby authorize Beaumont Community Church youth pastor and/or staff to seek medical treatment for my son/daughter for such illness or injury sustained during the event. Furthermore, Beaumont Community Church and its staff will not be held responsible for any injury or illness occurred during the event.

PARENT/GUARDIAN NAME (please print clearly)

(Participants 18 yrs of age at time of trip may sign for self.)

PARENT/GUARDIAN SIGNATURE DATE