

Consent, Waiver and Release Form

VBS 2019



Instructions: We take pains to ensure the safety of your child, nevertheless signing this form is a standard requirement for VBS participation. Please, print off the form, complete it and sign it. If you have a scanner, scan the signed form (both pages) and E-mail it to us at Grace.VBS@hotmail.com. If you have no scanner, you can either mail the form (if there is enough time) or you can hand it in at the church on the first morning of VBS.

INFORMATION

Name of child: _____ (the Participant)

Date of Birth: _____ Health Card #: _____

Address: _____

Mother/Guardian: _____ Phone #: _____

Father/Guardian: _____ Phone #: _____

Family Doctor: _____ Phone #: _____

Contact in case of emergency: _____

List of names of other people who may pick up the child from the Vacation Bible School:

1. _____ 2. _____

List any concerns regarding allergies or any physical, emotional, mental, behavioural issues or limitations: _____

What medication is your child bringing with him/her? _____

CONSENT TO TREATMENT

I/we, the parents or guardians of the Participant named above, understand that we will be contacted as soon as possible in the event that the Participant is brought to a medical centre, hospital, dentist, local physician or other health care provided in an emergency situation. In the event that I/we cannot be reached in an emergency, **I/WE HEREBY GIVE PERMISSION** to the physician selected by the Children's Ministry Coordinator or one of the Grace Baptist Church of Ottawa Elders or Deacons or his/ her delegate to sign a consent for medical treatment, to hospitalize, to secure proper treatment for, and to order any injection and/or anaesthesia and/or surgery for the Participant. The medical information in this form may be photocopied for use by medical professionals in treating the Participant and the information contained herein may be shared with third parties if it is determined to be in the best interests of the Participant.

WAIVER & RELEASE

I/we, the parents or guardians of the Participant named above, **DO HEREBY WAIVE ANY AND ALL CLAIMS** that either I/we and/or the Participant have or may have in the future against the Children’s Ministry Coordinator, the Ministry Staff, Grace Baptist Church of Ottawa, its Elders, Deacons and Officers (the “Releasees”) from and against any loss, damage, expense or injury suffered by the Participant as a result of participating in the activities of the Grace Baptist Church of Ottawa **DUE TO ANY CAUSE WHATSOEVER, INCLUDING NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE, ON THE PART OF THE RELEASEES.**

I/we, the parents or guardians of the Participant named above, **DO HEREBY AGREE TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES** from any and all liability for any property damage or personal injury to any third party resulting from the Participant’s participation in any of the activities of Grace Baptist Church of Ottawa.

This consent, waiver and release is effective only when participating in or travelling to or from events of Grace Baptist Church of Ottawa.

I have read, understood and agree with the above and sign it to cover all Vacation Bible School activities in the period 26 August 2019 to 30 August 2019 inclusive.

Parent/Guardian Signature: _____ Date: _____