Activity Program Waiver and Medical Release

St. Andrew's Presbyterian Church/Youth Ministry

Description and Location of Activity: Laser Quest Lock In

Departure Date: Friday, June 11, 2010 6:00pm Returning Date: Saturday, June 12th, 2010 11:00am

Full Name of Participant:_____

Birth Date:_____ Parent/Guardian name(s):_____

Circle the number where the parent/guardian may be reached when the trip is taking place.

Home/Residence:_____ Cell:_____ Work:_____

Does this participant have any severe allergies or other medical conditions that the leaders should be aware of?

Yes _____ No_____

If YES, Please list and explain_____

All reasonable precautions for the health and safety of the participant will be taken. He/she will be properly supervised in activities. In the event of accident or sickness, St. Andrew's 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 of the 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. If the trip is outside of the province please give the insurance provider and policy number:

_____

Participant's Health Card number:_____

Participant's Family Physician:_____

Contact person(not parent) in case of emergency and parents cannot be reached:

Name:_____ Phone:_____

Name:_____ Phone:_____

Parent/Guardian Signature:_____

Parent/Guardian Name (PRINT):_____