

# LIVING STONES YOUTH MINISTRY EVENTS

## WAIVER & MEDICAL RELEASE FORM

Please Read Carefully Before Signing:

***The Youth Ministries of Living Stones Church ask that you as a Parent(s) and or Guardian(s) please sign this waiver for your youth to release Living Stones Church, its Youth Leaders and Pastors of any and all liability concerning your Youth for the activities on or off campus for the 2018-19 year. These activities may include but are not limited to the following: games of various types and forms, Skiing, Pool Parties, Movie Nights, The Corn Maze, Camp Outs, Hikes, and West Edmonton Mall Water Park etc. By signing this document you are also releasing Living Stones Church, its Youth Leaders and Pastors of any and all liability for the transportation of your youth to various events which may include but is not to be limited to: Bus, Vehicles of leaders and/or parents and the vehicles rented or given to Living Stones Church to help transport youth to and from events and/or regular youth nights at Living Stones Church.***

Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ PC: \_\_\_\_\_

Phone: \_\_\_\_\_ Primary Email: \_\_\_\_\_

Parents' Names: \_\_\_\_\_ Emergency Contact #: \_\_\_\_\_

Does your child have any medical concerns (allergies to stings, food, drugs, etc.)? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Is your child bringing any medication with him/ her? (Antibiotics, ventilator, Ritalin) YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Does your child have any physical, emotional, mental or behavioral concerns or limitations that our staff or chaperones should be aware of? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Additional information we should be aware of?

\_\_\_\_\_  
\_\_\_\_\_

Precautions are taken for the safety and health of your child, but in the event of accident or sickness, *Living Stones Church*, its staff, and its volunteers are hereby released from any liability. In the event that your child requires special medication, X-rays or treatment, the parents/guardians will be notified immediately.

Your child must be covered by Alberta Personal Health Insurance or equivalent medical insurance.

Alberta Personal Health Insurance Number: \_\_\_\_\_

Name of Family Physician: \_\_\_\_\_ Physician s Phone Number: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Notice of Collection and Use of Personal Information under s.34 of the  
Freedom of Information and Protection of Privacy Act (FOIP Act)**

During various Youth Events, Living Stones Church may take recordings of students for the purposes of future program promotion. Such recordings include but are not limited to digital, photos, film, video, audio and emerging technologies. Events that are open to the general public are considered public events, and the church cannot control or prevent the further distribution or use of photos, videos, images or other personal information obtained by those who attend. While most of our events are public events, we would still like to respect your decisions regarding the use of recordings of your child. If you have concerns regarding the collection or use of these recordings, please contact Amy Miller or another youth leader.

**Consent to Use and Disclose Personal Information**

Name of Student \_\_\_\_\_  
Last Name First Name Date

In accordance with the FOIP Act, the Church requests consent for various purposes, as outlined below. Consent is voluntary and can be revoked at any time by notifying the church in writing. You will be provided with an opportunity to verify your consent annually. If you do not return this form it indicates your refusal to consent.

**A. Appearing on Promotions at the Church**

The church may decide to post student personal information including full name, photographs, recordings, and/or interviews on various Promotional avenues at the church. Your consent is requested to use your child's personal information for this purpose.

I consent to the above use of personal information: YES  NO

**B. Appearing on the Church's Website and/or Social Media Sites**

The church may decide to post student personal information including full name, photographs, recordings, and/or interviews on various websites. Your consent is requested to use your child's personal information for this purpose. Please note that in the context of ordinary internet use, student personal information may be copied, altered or moved by anyone who visits these websites; and if your consent is withdrawn, the church will remove the image and/or personal information from its website however it may be available on the internet indefinitely.

I consent to the above use of personal information: YES  NO

**C. Appearing in the Media**

The church may authorize outside organizations to photograph, record and/or interview students while under its supervision. This means that a photograph, digital recording, or interview of a student with identification by full name and age may be collected, use, reproduced and broadcast by outside organizations. Your consent is requested to use your child's personal information for this purpose.

I consent to the above use of personal information: YES  NO

Please inform the church, or make note on this form if you do not wish for your child to have their picture taken at all.

\_\_\_\_\_  
Signature of Parent Print Name Date