

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 2022-2023 years. 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 Consent: _____ Date: _____

