

# Elevate Youth Parent/Guardian Waiver

Please note ALL new students need one of these handed in every year.

## Name of Student

First Name      Last Name

## Student Date of Birth



Month    Day    Year

**Is there any medical information such as allergies or conditions etc. that we should be made aware?**

## Name of Parent/Guardian

First Name      Last Name

## Phone Number

Area Code    Phone Number

## Email

example@example.com

## Address

Street Address

Street Address Line 2

City

Province

Postal Code

## Name of Emergency Contact

First Name

Last Name

## Phone Number of Emergency Contact

Area Code

Phone Number

## Emergency Contacts Relationship to Student

## Preferred Method of Contact

Call Me

Text Me

Email Me

## Would you like to receive our emailed newsletter on what's happening at Elevate?

Yes, please!

Not right now, thanks.

## Parent/Guardian Waiver and Release of Liability

I hereby give permission for my child to be photographed and/or filmed without any reimbursement of any kind due to me, or the need to pay any fee. Millwoods Evangelical Free Church considers all information personal and confidential and will only use it within the church for ministry or other church related activities and will not release it to outside parties or organizations.

In the event of an emergency and medical treatment is required, I give permission to the church staff and/or volunteers to obtain services for treatment as deemed necessary if I cannot be contacted in a reasonable amount of time. Further, I will hold harmless or indemnify Millwoods Evangelical Free Church for any loss or injury that may be sustained. I recognize that there are risks inherent in activities my child may be engaged in and again I waive, hold harmless, or indemnify Millwoods Evangelical Free Church, its instructors, paid or volunteer staff, successors, heirs and assigns from any action.

We, the undersigned parent(s) or legal guardian(s) for the student(s) named below, give our permission for our child to participate in offsite events between September 1, 2019 to August 31, 2020. We also give permission for any representative of Millwoods Evangelical Free Church to obtain any necessary medical treatment as needed while offsite. We assume responsibility for any medical bills incurred and should our child have to return home before the group for medical or disciplinary reason, we also hereby assume any cost incurred. We give authorization for the previously mentioned to provide all necessary food, transportation, and lodging as applicable. We do hereby release, forever discharge and agree to hold harmless, Millwoods Evangelical Free Church and it's staff and the representatives thereof from any and all liability claims, or demands for personal injury, sickness, or death, as well as property damage and expenses of any nature whatsoever which may be incurred by my child in the course of participation in the aforementioned. Furthermore, we agree to assume all responsibility for any of the previously mentioned occurrences.

\*\*\*PLEASE NOTE BY TYPING YOUR NAME AND SIGNING BELOW, YOU ARE ELECTRONICALLY CERTIFYING THIS WAIVER DOCUMENT JUST AS IF YOU WOULD PHYSICALLY SIGN IT IF IT WAS ON PAPER\*\*\*

**By typing/printing my first and last name below, I certify that I am the parent or legal guardian of the above minor and confirm that the information I entered is accurate and true.**