

Activity Program Waiver and Medical Release  
Knox Presbyterian Church

Description of Activity: \_\_\_\_\_  
\_\_\_\_\_

Is this Activity considered High Risk? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Date: \_\_\_\_\_

Full Name of participant: \_\_\_\_\_  
First Last

Birth Date (N/A for adult): \_\_\_\_\_

Full Address: \_\_\_\_\_

Parent/guardian/caregiver name(s): \_\_\_\_\_

Home/residence phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Does participant have any allergies or other medical condition that leaders should be aware of? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list and explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

All reasonable precautions for the safety and health of the participant will be taken. He/she will be properly supervised in activities. In the event of accident or sickness, Knox 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 this 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.

Participant's Health Card number: \_\_\_\_\_  
Participant's Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact person in case of emergency and parents/guardians/caregivers cannot be reached:  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_  
Parent/Guardian Name (Print): \_\_\_\_\_

\* I give permission for my child to be transported by car with a volunteer driver.