



**MINOR GENERAL RELEASE AND MEDICAL TREATMENT AUTHORIZATION**

I am the parent or legal guardian of \_\_\_\_\_ (child’s full legal name), who desires to participate in the Day Camp (hereinafter referred to as the “Camp”) operated by Ross Road Community Church (hereinafter referred to as the “Church”).

I understand and acknowledge that the Church will not allow my child to participate in the Camp without releasing and holding the Church harmless from any liability arising out of my child’s participation in the Camp. I have investigated the risks involved in my child’s participation in the Camp and fully understand and assume such risks on his or her behalf. I undertake and agree to indemnify and hold harmless the ministry staff, Ross Road Community Church, BC Conference of Mennonite Brethren Churches, and Canadian Conference of Mennonite Brethren Churches and all of their respective employees, volunteers, agents, officers and directors from and against any loss, damage or injury of any kind suffered by my child as a result of being part of the Camp of the Church, as well as of any medical treatment authorized by the supervising individuals representing the Church. I understand that this is a full and complete release of all injuries and damages which I or my child may sustain as a result of his or her participation in Camp, regardless of the specific cause thereof. I further acknowledge and agree that I have given my consent for my child to remain in the custody of the Church’s representatives while participating in Camp. This agreement is binding on my child’s heirs, successors, and personal representatives.

In the event my child suffers an injury or condition during his or her participation in Camp, and reasonable attempts to contact me and my spouse have been unsuccessful, I hereby authorize a member of the ministry staff of the Church to act for me and in my name to make informed decisions for my child concerning his or her personal care, medical treatment, hospitalization and health care and to sign a consent authorizing any physician or hospital to provide medical assessment, treatment or procedures for my child. This authority will terminate when the staff member is first able to contact me or my spouse. This information is for the sole use of Ross Road Community Church. I hereby give permission for my child named on this registration to participate in the Camp. I have read and understood the legal information on this page.

I confirm that my child has not been exposed to COVID-19 in the past 14 days and that reasonable steps have been taken to avoid exposure. I pledge not to send my child to the Camp if he/she has been exposed to COVID-19 in the 14 days leading up to Camp or shows symptoms of the virus. I release the Church and its employees from any action or claim related to my child being exposed to or contracting COVID-19 during the Camp.

**STILL PHOTOGRAPHY/VIDEO RELEASE**

I hereby authorize staff of Ross Road Community Church to take photographs and video of my child during camp. Any videos and photographs taken may be used for the promotion of kids’ events on website and marketing materials as well as Facebook and YouTube promotions. I understand that Ross Road Community Church retains the sole right to use photos and videos for publicity and advertising purposes only.

\_\_\_\_\_  
Signature of parent/legal guardian

\_\_\_\_\_  
Date

**MEDICAL INFORMATION**

Child's Care Card Number: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Phone number: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

List child's allergies or dietary restrictions \_\_\_\_\_  
\_\_\_\_\_

List child's current medications: \_\_\_\_\_

Has your child experienced a Head Injury, Fractures, Overuse Injury or Major Surgery in the past year? Yes / No \_\_\_\_\_

Has your child experienced Neck Problems, Back Problems, Seizures, Fainting Spells, Heart Problems, Nose Bleeds or Asthma? Yes / No \_\_\_\_\_

Other important information we should know about your child: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of parent/legal guardian

\_\_\_\_\_  
Date