WAIVER & INDEMNITY AGREEMENT **2016/2017**

Following hard after Jesus
South Abbotsford Church

STUDENT MINISTRIES
Registration Form

PARTICIPANT(S) INFORMATION		
1) CHILD NAME:	[ ] MALE [ ] FEMALE GRADE:	AGE:
Date of Birth (mm/dd/yyyy):	Email:	
School:	Church:	CareCard #:
Health condition/allergies to be aware of:		
2) CHILD NAME:	[ ] MALE [ ] FEMALE GRADE:	AGE:
Date of Birth (mm/dd/yyyy):	Email:	
School:	Church:	CareCard #:
Health condition/allergies to be aware of:		
3) CHILD NAME:	[ ] MALE [ ] FEMALE GRADE:	AGE:
Date of Birth (mm/dd/yyyy):	Email:	
School:	Church:	CareCard #:
Health Condition/allergies to be aware of:		
4) CHILD NAME:	[ ] MALE [ ] FEMALE GRADE:	AGE:
Date of Birth (mm/dd/yyyy):	Email:	
School:	Church:	CareCard #:
Health condition/allergies to be aware of:		

PARENT/GUARDIAN INFORMATION		
Mother's/Guardian Name:	**Father's/Guardian Name:**	
Cell Phone:	Cell Phone:	
Home Phone (if different):	Home Phone (if different):	
Parent/Guardian E-mail:	Parent/Guardian E-mail:	
Address:		
City:	Province:	Postal Code:
Participant Lives With: [ ] Both Parents [ ] Mother [ ] Father [ ] Other:		
Home Church:		

WANT TO STAY CONNECTED?

We want you to stay connected! Join our Momentum Ministries and Momentum Parents Facebook page. You can follow us on Instagram at Southabbystudents for great photos and awesome info! Make sure you are getting our weekly update email that comes out every Tuesday for all the fun happenings! For more information email mikeo@southabbotsford.com.

>>>>>>>>>>>>>>>>>>>> PLEASE MAKE SURE BOTH SIDES ARE COMPLETED <<<<<<<<<<<<<<<<<<<<

WAIVER & INDEMNITY AGREEMENT 2016/2017

EMERGENCY CONTACT		
Name of contact not residing with you:		Primary Phone #:
Address:		Relationship:
City:	Province:	Postal Code:
MEDICAL INFORMATION		
Family Doctor:	Phone #:	

• PLEASE READ CAREFULLY •

BY SIGNING THIS FORM YOU MAY GIVE UP CERTAIN LEGAL RIGHTS

CONSENT OF PARENT/GUARDIAN IS REQUIRED FOR ANY PARTICIPANT WHO IS NOT 18 YEARS OF AGE OR OLDER

If the Participant is under eighteen (18) years of age, in consideration of the Participant being permitted to engage and take part in Student Ministries being offered, carried on, sanctioned, or sponsored by South Abbotsford Mennonite Brethren Church (the "Church"), the undersigned parent or guardian of the Participant hereby releases and undertakes and agrees to save harmless and keep indemnified the Church, its principals, officers, agents, officials, servants, organizers, and representatives from and against all claims, actions, costs and expenses and demands whatsoever in respect of death, injury, loss or damage to the person or property of the Participant, howsoever caused, regardless of whether same may have been contributed to or occasioned by the negligence of the Church, its principals, officers, agents, officials, servants, organizers, and representatives.

The parent/guardian and the Participant understand and agree that the activities involved in Student Ministries may include, but are not limited to active worship, games, Bible teaching, activities off the church campus including transportation to and from the alternate location. The parent/guardian and the Participant understand and agree that participation in these activities may involve an inherent danger and it is not possible to make these activities completely safe or free from risk. The parent/guardian and the Participant willingly accept all the risks and dangers therein. They also agrees that in the event of a medical emergency permission is granted to the Church and the Church's leaders to authorize necessary emergency treatment for the Participant, and that all costs and expenses incurred in connection with such medical treatment will be the responsibility of the Participant and their parent/guardian.

It is hereby acknowledged and agreed that the contents hereof are fully understood by the Participant (and parent/guardian) who agree(s) that same shall be binding upon (his/her/their) heirs, successors, executors, administrators and assigns.

PHOTOGRAPHIC PERMISSION:

(Please be aware that by permitting photographs, it is an incredible help to our team in terms of sharing and reporting after events)

I hereby grant permission to the leaders and teachers in the Student Ministries of South Abbotsford Mennonite Brethren Church to photograph and/or video record my child for program and general church use including, but not limited to, highlight videos, photo directories and website galleries.

YES: [ ] NO: [ ] INITIAL: _____

The undersigned acknowledge that they have read, understand and agree to the foregoing.

This signature will be valid for **ALL** Church facilitated, sponsored, and organized events related to Student Ministries from September 1, 2016 to August 31, 2017.

X _____

Parent/Guardian Signature

_____

Parent/Guardian Name (Printed)

_____

Date

For Office Use Only:

MC ☐ Att ☐ Contact ☐ KE: MP: Intern:

>>>>>>>>>>>>>>>>>>>> **PLEASE MAKE SURE BOTH SIDES ARE COMPLETED** <<<<<<<<<<<<<<<<<<<<