



Summer Blast Release Form



July 3-7, 9:00am - 12:30pm

Registration is online at www.southabbotsford.com/summerblast

For children who have completed Kindergarten - completed Grade 5

If finances are prohibitive, please speak to Pastor Jeremia

• 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 Children’s Ministry Summer Blast 2017, being offered, carried on, sanctioned, or sponsored by The South Abbotsford Mennonite Brethren Church, the undersigned parent or guardian of the Participant hereby releases (*write your child’s name’s*) _____ and undertakes and agrees to save harmless and keep indemnified The South Abbotsford Mennonite Brethren 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 South Abbotsford Mennonite Brethren Church, its principals, officers, agents, officials, servants, organizers, and representatives.

The parent/guardian and the Participant understand and agree that the activities involved in Children’s Ministry Summer Blast 2017 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:

I hereby grant permission to the leaders and teachers in the Children’s Ministry Summer Blast 2017 of The 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.

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 Children’s Ministry Summer Blast 2017 from July 3-7, 2017.

Date: _____ Parent/Guardian Name (Printed): _____

X

Parent/Guardian Signature

For Office Use Only:

Cheque: \$ _____ Debit: \$ _____ Cash: \$ _____ MP: JC: KE: SP: IN: