

Permission Form, Medical & Image Release

Knox Presbyterian Church, Manotick ON

This form will grant permission for my child/ward to participate in programs, activities and special events which take place on Knox Presbyterian Church Manotick property. These include, but are not limited to, church school, worship service, holiday concerts, fundraising events, youth group, etc. *(Activities which take place away from Knox Church will require a separate form granting specific permission for that event).* This permission form & medical release will remain active from this day forward. Changes and/or updates must be revoked in writing by the Parent/Guardian/Caregiver.

Part 1 Participant Information

Full Name of Participant: _____
First Last

Birth Date: _____ (Not Req'd for Adult)
(yyyy/mm/dd)

Full Address: _____

Parent/Guardian/Caregiver name(s): _____

Address of Parent/Guardian/Caregiver: _____
(If different from above)

Parent/Guardian Contact Information Email: _____

Home/residence phone: _____ Cell Phone: _____ Work Phone: _____

Does participant have any allergies or other medical condition that leaders should be aware of? Y N
(Circle one)

If yes, please list & 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, (or my designate) should such a situation occur.
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 (not parent) in case of emergency & Parent/Guardian/Caregiver cannot be reached:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

By submitting this form, I acknowledge having read, understood and agree to the above form and release.
My child is physically fit to participate or will voluntarily withdraw from such programs.
I acknowledge and accept that the supervisors of the Knox programs reserve the right to dismiss any participant, who, in their opinion has failed in the reasonable controls of the programs.

Parent/Guardian/Caregiver signature: _____ Dated: _____

Part 2. Knox Manotick Image Release

In the course of activities, representatives of Knox Presbyterian Church may take photographs or otherwise record events. Please advise us if you are willing to have your child or ward's voice and/or image used in these records.

At no time will a child's name be included with posted photographs.

PLEASE READ THE STATEMENT BELOW: TICK ONE BOX YES OR NO AND SIGN, DATE AND PRINT YOUR NAME. THANK YOU.

Yes I do , or **No**, I do not grant permission to photograph, audio or video tape my child/ward's image or voice to be used for the church newsletter, website, local newspapers, magazines or social media which are documenting church activities during any event taking place at Knox Church, until revoked in writing.

Parent/Guardian/Caregiver Signature: _____

Parent/Guardian/Caregiver Name: (PRINT) _____

Parent/Guardian/Caregiver Signature: _____

Parent/Guardian/Caregiver Name: (PRINT) _____

Dated: _____