



Port Rowan MB Church – Ignite, Senior Youth
Waiver and Medical Release Form – Field Trips and Special Events

Name of Youth _____ Date of Birth _____
Youth Cell # (if applicable): _____

Address: _____ Phone # _____
Other # to reach you or other family members _____

The Ignite leadership team at the Port Rowan Mennonite Brethren Church plan a weekly fun event, for everyone grade 9-12 to attend. These events include games and activities at the church, as well as bus trips to rollerblading, laser tag, concerts, bowling, etc. It is required by our insurance company that we have parental permission for the youth to attend these events. This is a general waiver and medical form, which will cover all of the events and activities for September 1 2018 through September 1 2019.

Does your child have any severe or life-threatening allergies? (Bee stings, food, penicillin, nuts)
Yes___ No___ If yes, please explain: _____

Does your child have an Epi-Pen? Yes_____ No_____

Is your child taking any medication regularly? (Puffers, Ritalin, etc)
Yes___ No___

If yes please explain or contact a Youth Leader: _____

Precautions are taken for the safety and health of your child, but in the event of an accident or sickness the Port Rowan Mennonite Brethren Church, its staff and volunteers are hereby released from any liability. In the event that your child requires special medication, x-rays or treatment, the parents/guardians will be notified immediately.

Your child must be covered by Provincial Health Insurance or equivalent medical insurance.

OHIP # _____

Family Physician _____ Phone # _____

I hereby authorize the staff and volunteers at Port Rowan Mennonite Brethren Church to take video and still pictures of my child during Youth. These videos and still pictures may be used on Port Rowan MB’s website, marketing material, Youtube and Facebook promotions. I understand they retain the sole right to use photos and video for publicity and advertising purposes.

I, _____, (parent/guardian) have read, understand and agree with the above and hereby release and discharge all parties associated with this Youth group from any and all claims, demands, actions and causes of action, that I/we or my child(ren) incurs.

I give permission for my child to attend and participate in the events and activities planned by the Port Rowan Mennonite Brethren Church Youth Group. I understand that if my child is disobedient or disruptive, I will be notified to come and pick up my child from the event at my own expense.

Parent/Guardian’s Signature

Date

Youth Leaders –Dennis & Krista Reimer, Kim Musselman, Rachel Hiebert, Cam & Karla Cyr