

Jr High's Name: _____

Event: _____

Dates: _____

WAIVER/RELEASE

I **hereby consent** to the participation of my child in the aforementioned event, which I understand is sponsored by Toronto Airport Christian Fellowship.

I **hereby authorize** any staff or adult leader of the event to **consent on my behalf** to medical treatment necessary or desirable on an emergency basis, which may be advised by any treating physician in case of sickness or injury to my child. I **hereby agree** to accept financial responsibility for any treatment rendered.

I **acknowledge** that there are inherent risks associated with the aforementioned event and that I/my child could sustain personal injury through participation in this event. I **hereby assume these risks**

In consideration for participation at the aforementioned event, I **hereby release, waive and forever discharge** Toronto Airport Christian Fellowship, and any of the staff, volunteers, and directors of the above mentioned institution, **of and from all** liabilities for injuries sustained by the said participant, causes of action, demands for damages, indemnity or costs, **howsoever caused**, resulting from participation in the said event **and notwithstanding** that same may have been occasioned by the negligence of any of the aforesaid.

By signing this document, I acknowledge having read, understood and agreed to the above.

Print Name (Attendee)	Signature (Attendee)	Date

If under 18 years of age, signature of a Parent or Guardian is required

Print Name (Parent)	Signature (Parent)	Date

Emergency Contact Information

Home Phone Number	Cell Phone Number

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