



## HARVEST YOUTH MUSKOKA

### PERMISSION WAIVER & MEDICAL RELEASE

Each participant's parent or guardian **MUST** complete and sign this Permission Waiver & Medical Release form in order for their student to be considered for participation in the specified activity. Please print all information in blanks as required.

Activity Description (the "Activity"): All Harvest Youth Meetings and Special Events

Activity Location/Address: Weekly at St. Dominic's Catholic High School and Per Specific Event Details

**Date of Activity: September 2017 to September 2018**

### STUDENT INFORMATION:

NAME OF PARTICIPANT\*: \_\_\_\_\_ GENDER: M F GRADE\*: \_\_\_\_\_

D.O.B.\*: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROV: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PARTICIPANTS HEALTH CARD NUMBER: \_\_\_\_\_

Does the participant have any severe allergies or other medical condition that Harvest Bible Chapel should be aware of? \_\_\_\_\_ YES \_\_\_\_\_ NO  
If YES, please list and explain. If necessary, please use an additional sheet to provide this information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* Required Fields

### PARENT / GUARDIAN INFORMATION:

NAME OF PARENT / GUARDIAN\*: \_\_\_\_\_ RELATIONSHIP\*: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**FILL OUT FOLLOWING ONLY IF DIFFERENT FROM ABOVE:**

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

PROV: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

\* Required Fields

### EMERGENCY CONTACT INFORMATION:

EMERGENCY CONTACT NAME\*: \_\_\_\_\_ RELATIONSHIP\*: \_\_\_\_\_

PHONE: \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work)

\* Required Fields

In consideration for permitting my/our child, the Participant, to attend, and participate in the "Activity" that is organized/hosted by Harvest Bible Chapel Muskoka ("Harvest"), I/we, being his/her Parents/Guardians, hereby agree on behalf of myself/ourselves, my/our next of kin, heirs, executors, administrators, successors and assigns, freely and voluntarily without duress to execute this Permission Waiver & Medical Release on the following terms:

- 1. ASSUMPTION OF RISK:** I/We the UNDERSIGNED, hereby acknowledge that certain RISKS OF INJURY are inherent to participation in the "Activity". These types of injuries may be minor or serious, may include, but are not limited to risk of illness, physical or mental injury, disability, death and/or social and economic losses and may result from my/our child's own actions, or the actions of others, or a combination of both. NOTWITHSTANDING my/our acknowledgement of the above risks, I/We expressly and fully ACCEPT and ASSUME all such risks of injury, harm, death, losses, damages associated with the Participant's attendance and participation at the "Activity".

**2. RULES AND REGULATIONS:** I/We understand that Harvest has rules and regulations that are designed for the safety and protection of all Participants and hereby undertake that my/our child will abide by these rules and regulations. Therefore, in the event that my/our child's behaviour is such that it, in the sole discretion of Harvest, poses a danger to him/her or other Participants or if the Participant's behaviour is deemed to be intolerable, then the Participant will not be allowed to further participate in the "Activity" and we may be required to remove the Participant.

**3. PHYSICAL FITNESS:** I/We hereby WARRANT that my/our child is physically fit to participate in the "Activity".

**4. MEDICAL TREATMENT:** I/we give my/our permission to the medical personnel selected by Harvest to act on my/our behalf and administer the necessary medical care to my/our child, including transportation by employees, officers or agents of Harvest for medical care. It is understood that all attempts possible will be made to contact me/us in the event that emergency care or otherwise is required, but no guarantees can be given that contact will be possible before medical care is required to be given.

**5. RELEASE AND WAIVER:** I/We agree to release, waive, covenant not to sue and forever discharge and hold harmless, Harvest Bible Chapel Muskoka, its directors, officers, employees, agents, volunteers, successors and assigns (collectively referred to as "Harvest"), of and from all liability, claims, judgment, losses, costs, demands, expenses, actions and causes of action, whether in law or equity, whether foreseen or unforeseen, in respect of death, disability, injury, illness, loss or damage howsoever caused, arising or to arise by reason of my/our child's participation in the "Activity"; whether prior to, during or subsequent to the "Activity", and notwithstanding that the same may have been contributed or occasioned by the negligence, breach of contract, breach of the Ontario Occupiers Liability Act, and any other breaches of statutory duties by any of the aforesaid releasees.

**6. INDEMNITY:** I/We, further hereby undertake to hold and save harmless and agree to indemnify all of the aforesaid releasees from and against claims, demands, or actions that may be brought by me/us/our child or by any other persons on account of damages of any character resulting to me/us/our child in any way from my/our child's participation in the "Activity", and from and against losses from any and all liability or monetary losses incurred by any or all of them arising as a result of, or in any way connected with my/our child's participation in the "Activity".

**7. APPEARANCE RELEASE:** I/We understand that from time to time, Harvest may produce promotional materials relating to its programs, and that the Participant may be included in photographs, videotapes, media interviews, DVD, podcasts or video casts taken during the activity. Without reservations or limitations, I/We, ALSO GRANT AND CONVEY UNTO HARVEST, the exclusive right to photograph and/or videotape the Participant, and to use such photographs, videotapes, recordings, DVD's podcasts or video casts as a part of this and any similar future events or in any media (including, but not limited to, print, video, photo or any other media forms), and in advertising and promoting Harvest, the "Activity" and any similar future events. I/We waive any and all right to inspect or approve the programs, copies or any related promotional materials.

**8. PHOTOGRAPHIC RELEASE:** I/We, ALSO GRANT AND CONVEY UNTO Harvest all rights, title, and interest in any and all photographic images and video or audio recordings made by Harvest during the Participant's involvement with the "Activity", including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings. I/We, also waive any and all rights, including moral rights that I/We and the Participant have in the photographic images and video or audio recordings made by Harvest, its assignees and licensees. I/We understand and agree that Harvest may use, modify and/or publish the photographic images and video or audio recordings or portions thereof in any manner it considers appropriate.

**9. OTHER:** I/We expressly agree that the release being granted is intended to be as broad and inclusive as permitted by the laws of the Province of Ontario and the applicable laws of Canada.

I/We declare having read and understood this Permission Waiver & Medical Release in its entirety, fully understand its contents, and hereby consent to my/our child's participation in the "Activity", acknowledging all the foregoing. I/We also certify that the information provided in this form is, to my/our knowledge true and complete.

\_\_\_\_\_  
Participant's Name

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

(If Participant is over 18 years of age)

\_\_\_\_\_  
Participant's Name

\_\_\_\_\_  
Parent / Guardian's Signature

\_\_\_\_\_  
Date

(If Participant is under 18 years of age)