Douglas Mennonite Church
1517 Rothesay Street
Winnipeg, Manitoba R2G 3G5
(204)668-7432

Special Event Consent Form

As the parent / guardian of _____, I hereby
(name of child)

give my approval for her/him to participate in the _____
(program name)

_____ on _____.
(event description & location) (date)

I hereby release Douglas Mennonite Church, staff and volunteers from any claims for personal injury or property loss caused by my child's participation in the event, except where such injury or loss is caused wholly or in part by the willful or negligent act or omission of the staff or volunteers. In the event of a medical emergency involving my child, I hereby authorize the Douglas Mennonite Church staff and/or volunteers to act in my stead for the purpose of authorizing emergency medical treatment or attention.

_____ _____ _____
Signature of Parent or Guardian Date Phone Number

Additional information required about your child: Birth date:_____

MB Medical Registration No. (6 digits):_____ Personal Health I.D. No. (9 digits):_____

Please list any allergies, medical conditions or medications that we should be aware of:

_____

_____

☐ I give permission for my child to be photographed and/or videotaped for

promotional material (e.g. website, pamphlets, slideshows). Check box for yes.

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Registration & General Consent Form

Participant's name: _____ Grade: _____

Allergies or other medical conditions: _____

Name of Parent(s) / Guardian(s): _____

Address: _____

Home phone: _____ Work phone: _____

Emergency Contact Person: _____ Phone: _____

As the parent / guardian of _____, I hereby
(name of child)

give my approval for her/him to participate in the full program of the Douglas Mennonite

Church _____ program, including,
(program name)

but not limited to, activities which occur on the church property and any local off-site activities. I understand that this waiver covers the general program and that I will receive specific information about special events.

I hereby release Douglas Mennonite Church, staff and volunteers from any claims for personal injury or property loss caused by my child's participation in the program, except where such injury or loss is caused wholly or in part by the willful or negligent act or omission of the staff or volunteers.

In the event of a medical emergency involving my child, I hereby authorize the Douglas Mennonite Church staff and/or volunteers to act in my stead for the purpose of authorizing emergency medical treatment or attention.

_____	_____	_____
Signature of Parent or Guardian	Date	Phone Number

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