

# Form I – Special Event Waiver

\_\_\_\_\_  
Name of the Event

\_\_\_\_\_  
Location of Event

\_\_\_\_\_  
Date and Time of Event

Assumption of responsibility – I/we the undersigned parent(s)/guardian(s) are aware of the activity and transportation to and from the location above in which our child/children are participating in with Killam Baptist Church. I/we the undersigned recognize that although the KBC and its chaperones make the safety of every youth a top priority, there are risks of injury and/or loss associated with such an activity/transportation. I/we the undersigned parent(s)/guardian(s) assume the responsibility for injuries to my/our child while attending/traveling to the KBC event, and I/we will not bring an action for damages which may arise from these injuries and/or losses.

## In Case of Emergency

Every reasonable effort will be made to contact parent(s)/guardian(s). I/we the undersigned parent(s)/guardian(s) give permission to the physician selected by the chaperones to provide proper treatment for my child/children.

Student name \_\_\_\_\_ Age \_\_\_\_\_

Health Card Number \_\_\_\_\_

Student name \_\_\_\_\_ Age \_\_\_\_\_

Health Card Number \_\_\_\_\_

Student name \_\_\_\_\_ Age \_\_\_\_\_

Health Card Number \_\_\_\_\_

Parent/Guardian – Print name \_\_\_\_\_

Parent/Guardian – Signature \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_