

Form J – Overnight 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 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. I/we the undersigned parent(s)/guardian(s) assume the responsibility for injuries to my/our child while attending 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 _____