



Bells Corners United Church
CONSENT FORM

Event: _____

Date(s): _____

Leader(s): _____

Location: _____

Participant: _____

Phone: _____

Address: _____

In consideration of the opportunity to participate in the above event during the dates given, I hereby agree as follows:

1. To cooperate at all times with the trip leaders concerning life and work together, including daily assignments, food, lodging, and transportation, and to stay with the group from beginning to end.
2. To abstain from unacceptable conduct such as the use of alcohol and tobacco and sexual intimidation or verbal or physical conduct of a sexual nature.
3. To extend authority to trip leaders to deal with any medical emergency if attempts to contact the Emergency Contact listed below are immediately unavailable.
4. To release and discharge Bells Corners United Church, and their agents from all claims, demands, actions, judgments or executions that I have ever had, or now have or may have or which my heirs, executors, administrators of assigns may have or claim to have against Bells Corners United Church for all personal injuries known or unknown, and injuries to property, real or personal, caused by, or arising out of, the above-described trip.
5. To allow pictures taken at the event that include me to be used to report on this event and promote future BCUC activities.

EMERGENCY CONTACT DURING THE DATES ABOVE

Name: _____

Relationship: _____

Address: _____

Phone: Home: _____ Work: _____ Other: _____

I and my parent or guardian intends to be legally bound by this statement. Insurance and health information has been provided on the reverse side.

Signatures: _____
Participant

Parent or Guardian (if appropriate)

Date: _____

INSURANCE INFORMATION

Participant: _____ OHIP Number: _____

If you have any supplementary health care coverage please provide the following:

Name of insurer(s) _____ Policy number(s): _____

Name of Policy Holder (if not participant): _____

Participant or holder of policy guarantees that additional insurance is in force for the duration of the event.

Signature of Participant or Policy Holder _____ Date _____

HEALTH INFORMATION

Please list any allergies, drug sensitivities, regular medications, medical conditions and other relevant information that might be of significance to the event leaders, a physician or hospital treating the participant in any emergency situation: