

Please Note: Information received is confidential and is being gathered for the purposes of serving your child while in the care of Whyte Ridge Baptist Church. Any medical information collected here serves to authorize Whyte Ridge Baptist Church, and its staff and volunteers, to obtain medical assistance in emergencies.

In the case of custody agreements, please include the proper form authorizing parental contacts.

GENERAL RELEASE AND HOLD HARMLESS AGREEMENT - MINOR

I, _____, am the parent or legal guardian of _____ (the "minor"), who desires to participate in various programs, events or activities (hereinafter collectively referred to as the "Activities") operated or sponsored by Whyte Ridge Baptist Church (the "Church").

I REQUEST THAT THE CHURCH ALLOW THE MINOR TO PARTICIPATE IN THE ACTIVITIES, AND IN CONSIDERATION THEREOF AGREE HEREBY TO RELEASE AND FOREVER DISCHARGE THE CHURCH, ITS OFFICERS AND DIRECTORS, AND ITS EMPLOYEES, AGENTS, AND ANY PARTIES VOLUNTEERING ON BEHALF OF THE CHURCH FROM ALL ACTIONS, CAUSES OF ACTION, INJURIES, CLAIMS, DAMAGES, COSTS FOR EXPENSES OF ANY KIND GROWING OUT OF OR RELATED TO ANY SUCH ACTIVITIES IN WHICH THE MINOR PARTICIPATES. I UNDERSTAND THAT THIS IS A FULL AND COMPLETE RELEASE OF ALL INJURIES AND DAMAGES WHICH I OR THE MINOR MAY SUSTAIN AS A RESULT OF HIS OR HER PARTICIPATION IN ANY OF THE ACTIVITIES, REGARDLESS OF THE SPECIFIC CAUSE THEREOF.

I further acknowledge and agree that I have given my consent for the minor to participate in the Activities and to remain in the custody of the Church's representatives while participating in the Activities.

This agreement is binding on the minor's heirs, successors, and personal representatives.

Dated: _____ Signed: _____

MEDIAL TREATMENT AUTHORIZATION AND POWER OF ATTORNEY

In the event the minor suffers an injury or condition during his or her participation in the Activities, including transportation to and from the Activity, which may endanger his or her life, cause disfigurement, physical impairment, or undue discomfort if medical treatment is delayed, and reasonable attempts to contact me have been unsuccessful, I hereby appoint the (supervisory leader(s) as my agent to act for me and in my name (in any way I could act in person) to make any and all decisions for the minor concerning his or her personal care, medical treatment, hospitalization and health care. This power of attorney and delegation of authority shall terminate when the agent is first able to contact me.

Manitoba Health # (6 digits) _____ Manitoba Health Personal # (9 digits) _____

Dated: _____ Signed: _____