ACTIVITY PROGRAM WAIVER AND MEDICAL RELEASE

(one per family)

Trinity Presbyterian Church, Grenfell

Description of Activity: _____Vacation Bible School_____

Start date: ___Wednesday, July 29, 2026__ End date: _____Friday, July 31, 2026_____

Full Name of participant(s): 1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

Birth date(s): 1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

Full Address: _____

Parent/guardian/caregiver name(s):

_____

Please provide the number where we can reach you when the event is taking place.

Home phone: _____

Cell phone: _____

Work phone: _____

Does/Do participant(s) have any severe allergies or medical conditions that we should be aware of? ☐Yes ☐No

If yes, please list and explain.

_____

_____

_____

Participant's Health card number(s):

_____ _____ _____

_____ _____ _____

Family Physician: _____

Physician Phone: _____

Contact persons (not parent) in case of emergency and parents/guardians/caregivers cannot be reached:

Name: _____ Phone:_____

Name: _____ Phone:_____

All reasonable precautions for the safety and health of the participants will be taken. They will be properly supervised in activities. In the event of accident or sickness, The Synod of Saskatchewan, Synod of Saskatchewan staff, Trinity Presbyterian Church, church staff. and volunteers are released from any liability.

In the event of injury requiring medical attention, I authorize treatment for the participant(s) and understand that reasonable attempts will be made to contact me should such a situation occur.

Parent/Guardian/Caregiver Signature: _____

Parent/Guardian/Caregiver Name (PRINT): _____

Optional Photo Release:

I agree to my/my child's photo being taken for use in possible promotional material for the Synod of Saskatchewan's Summer Ministry/VBS Program as well as possible Presbyterian Church in Canada publications, understanding that no names will be given.

_____ Participant/Parent/Guardian Initials