

**Health card Number** \_\_\_\_\_

**Medical Release Form**

I (we), the undersigned parent(s) or guardian(s) of

\_\_\_\_\_ a minor, taking part in the 2018 VBS, do hereby authorize adult volunteers of Willowdale Seventh day Adventist Church as agent(s) for the undersigned. I further release from any liability the Willowdale Seventh-day Adventist Church, any of its ministries or leaders in the event of an accident en route, during and returning from the above-mentioned event. This agreement does not apply to claims for intentional misconduct or gross negligence.

Date \_\_\_\_\_

\_\_\_\_\_  
Parent/Legal Guardian (print)

\_\_\_\_\_  
Parent/Legal Guardian (sign)