

Little Trinity Day Camp

PARENT/GUARDIAN RELEASE FORM

I, the parent/guardian of the child named below, hereby release and discharge Little Trinity Church, event sponsors, employees, volunteers and workers from all actions, suits and demands whatsoever in law or in equity, including, but not limited to, the risk of injury from participating in events with Little Trinity Church. I give staff personnel and leaders authority to act on my behalf and to release the below, or filed, Ontario health card number to authorities in the event of an emergency and authorize treatment if necessary (acknowledging that the emergency contact person will be notified as soon as possible).

I understand that staff will take pictures for church use and on church social media (and that children's names will not be identified on social media). I give permission for my child, named below, to be photographed for these purposes. YES ____ NO ____

CHILD NAME _____

ONTARIO HEALTH CARD NUMBER _____

PARENT/GUARDIAN SIGNATURE _____

PRINT NAME _____ DATE _____