

**RCEFC Activity Program Waiver and Medical Release Form**

**Note: Before an activity, the person in charge should store a copy of this waiver in a safe storage area and takes another copy on the outing.**

Description and location of Activity: EM Summer Retreat @ Trinity Western University

Departure date and time: July 31, 2015 Returning date and time: August 3, 2015

Full Name of participant: \_\_\_\_\_  
First Last Middle

Birth date (N/A for adult): \_\_\_\_\_

Full Address: \_\_\_\_\_

Parent/guardian/caregiver name(s) (if under 19): \_\_\_\_\_

Contact number of Parent/guardian/caregiver (if under 19): \_\_\_\_\_

Does the participant have any severe allergies or other medical condition that leaders should be aware of?  
No  Yes  If yes, please list and explain: \_\_\_\_\_

Participant's Care Card number: \_\_\_\_\_

Contact person in case of emergency (if under 19, someone other than parent/guardian/caregiver):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I/WE acknowledge that participation in this event involves certain inherent risks, dangers and hazards which can result in personal injury (major or minor) or death. The risks include, but are not limited to: actions of oneself; actions of other people; weather and/or other natural conditions; travel; conditions of facilities and equipment; personal health and fitness. I/WE hereby assume all of the risks of participating in this event.

I/WE agree that Richmond Chinese Evangelical Free Church (RCEFC) and its officers, employees, agents and volunteers SHALL NOT BE LIABLE for any injury to my person or loss or damage to my personal property arising from, or in any way resulting from, my participation in these activities.

I/We understand that In the event of injury requiring medical attention, I give permission to the leaders acting on behalf of RCEFC to seek medical treatment for me/my child. I/WE understand that reasonable attempts will be made to contact the parent/guardian should such situation occur.

I/WE declare having read and understood the above WAIVER AGREEMENT AND MEDICAL RELEASE in its entirety and hereby consent to participate acknowledging all of the foregoing.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
date

\_\_\_\_\_  
Parent/Guardian Signature (if participant is under 19)

\_\_\_\_\_  
date