



PERMISSION TO PARTICIPATE AND RELEASE OF LIABILITY

I give permission for my son/daughter (circle one), _____
(Please print child's name)

to participate in all Canvas Youth events through out 2022.

I agree to indemnify and hold harmless Canvas Church, it's agents, employees or volunteer assistants from all claims that I or it might have arising out of my child's participation in this event. **I have explained the meaning of "hold harmless" to my child, and the signature below indicates his/her agreement to do the same.**

Parent/Guardian's name: _____
(Please print)

Parent/Guardian's signature: _____

Address: _____
(Street) (City/Town) (State) (Zip)

Contact number(s): _____ (home) _____ (cell)

Email Address: _____

CURRENT MEDICAL INFORMATION

Child's Name: _____ Birth date: _____

Child's Current Physician: _____ Phone: _____

Allergies: _____

Insurance Carrier: _____

Note: If Medical Coupon, please attach a current copy.

Policy Holder: _____ Policy Number : _____

SPECIAL MEDICAL INFORMATION

<i>PRESCRIPTION NAME</i>	<i>DOSAGE</i>	<i>REASON FOR TAKING PRESCRIPTION</i>



If medication can be given as needed, how close can dosages be given? _____

Please list any special medical information: _____

Permission to administer pain/fever relief medication (i.e. Tylenol/Advil): Yes No

If yes: Preferred Medication: _____ Dosage: _____

EMERGENCY MEDICAL CARE AND TREATMENT

If it should become necessary for my child to receive medical treatment for any reason, I understand that the medical insurance policy for Canvas Church acts in a primary position **only** when the participant is not already covered by insurance. Consequently, I agree to submit all claims first to my personal insurance company and then to the insurance company for Canvas Church.

I also accept full responsibility for the cost of medical treatment for any injury suffered while taking part in the event which is over and above that which is covered by insurance.

In addition, I authorize and consent to all medical, surgical, diagnostic, and hospital procedures as may be performed or prescribed by a physician to safeguard my child's health, and it is not advisable to take the time to contact me in advance. I waive my right to informed consent for such treatment.

Moreover, I understand that temporary emergency measures may be necessary to safeguard my child's health, and I do hereby authorize and request Canvas Church personnel to administer or supervise such treatment and to do any procedure that they deem necessary until such time as my child can be safely transported to a doctor or hospital.



COVID 19

I agree to not hold Canvas Church, Canvas staff, or Canvas volunteers liable for any illness or virus contracted by my child while at any youth event in 2022. I also understand that I am not to send my child if they show any sign of illnesses. I also understand that if my child shows any signs of illness while at an event, they will immediately be sent home.

RELEASE OF VIDEO / PHOTOGRAPHY

I give permission for Canvas Youth staff, volunteers, and associated ministries to use photos and videos of the above mentioned child for promotional purposes in print, video, and online. I release Canvas Church of all claims and demands. (Please check one)

YES I GIVE PERMISSION **NO I DO NOT GIVE PERMISSION**

DATED this _____ day of _____, 2022

Parent/Guardian's Signature

Printed Parent/Guardian's Name