Oasis Students (COLLIDE/InsideOut) Release/Waiver of Liability Agreement

Student's name:	Birth date:
(please print)	
Address:	
(Street, City, Postal Code)	
SECTION I: Authorization to Obtain Urgent or Emer	gency Medical Care
Emergency Information: Manitoba Health Registration No. (6 digits) Manitoba PHIN (9 digits)	
Please indicate if the student has any serious fo	od allergies of which we should be aware:
In case of emergency contact: Name:	Name:
	Relationship:
Relationship:	Daytime phone:
Daytime phone: Evening phone:	Evening phone:
permission for the staff and volunteers of COLL care for my/our child, and I/we authorize health It is understood that reasonable efforts will be r	(name of student), I/we give _IDE/InsideOut to obtain urgent or emergency medical n care providers to render such care as may be necessary. made to contact me/us prior to obtaining such care, but acted or not, and I/we agree to be financially responsible
Parent/Guardian name	Parent/Guardian signature
SECTION II: Permission to Participate; Release, Waiv	ver of Liability, and Indemnity Agreement
	(name of student) to participate in the nurch premises and elsewhere. In consideration of the ne activities of COLLIDE/InsideOut, I/we release

COLLIDE/InsideOut, it's staff, and volunteers from any and all liability of any kind whatsoever for any loss or injury to my/our youth arising from my/our youth's participation in the activities of COLLIDE/InsideOut; and I/we agree to indemnify and hold forever harmless COLLIDE/InsideOut, its

staff, and volunteers, from any and all liability of any kind whatsoever for loss or injury to my/our youth

arising from activities on or off the premises of Oasis Community Church or resulting from traveling to or from the activities of COLLIDE/InsideOut. I/we understand and agree that this permission and agreement shall remain in effect until revoked in writing by me/us. Also, I/we give permission for my/our youth to travel in a vehicle operated and occupied by one adult or more.

Media Release

I hereby grant free permission for Oasis Community Church to use images of my child participating in their programs or events for outreach and promotional purposes, including, but not limited to, electronic or print materials or media.

[] No, I do not wish to grant a media release. (Please consider granting this release to us if at all possible, as this aids our ability to successfully share our program with new participants.)

Parent/Guardian

Date