

Awana International Canada & Countryside Camp  
Medical Release

2017

To Whom It May Concern:

As a parent and/or guardian, accompanying adult, I do herewith authorize for a period of time covering June 9<sup>th</sup> to June 11<sup>th</sup>, 2017 for the treatment by a qualified and licensed medical doctor of the following person in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed.

In case of minor, this authority is granted only after reasonable effort has been made to reach parent and/or guardian.

Name of Participant: \_\_\_\_\_

This release will be in effect starting June 9<sup>th</sup> and continue until June 11<sup>th</sup>, 2017. My signature also serves to indicate my willingness to take full medical insurance responsibilities for my child (or for myself if accompanying adult) and to release the Awana International Canada and Countryside Camp from any liability.

Signature of Parent/Legal Guardian \_\_\_\_\_

Signature of accompanying adult \_\_\_\_\_

\*\*\*\*\*  
Address of Participant: \_\_\_\_\_

City: \_\_\_\_\_ P.C.: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Valid Health Card No: \_\_\_\_\_ Physician: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
(including version code)

List of specific medical allergies, chronic illnesses or other conditions: \_\_\_\_\_

Other contact person in case of emergency:

\_\_\_\_\_ Phone: ( ) \_\_\_\_\_

**THIS AWANA SPARKS -A-RAMA MEDICAL RELEASE WILL BE CARRIED BY  
ACCOMPANYING ADULT.  
- PLEASE DO NOT MAIL THIS FORM!! -**

Photo Release Form



Permission to Use Photograph. This will help us to promote our events. No child will be named in anyway in our advertising. Thank you in advance.

Clubber (s): \_\_\_\_\_

Location: Countryside campground- Sparks-A-RAMA 2017

I grant to **Awana International Canada**, its representatives and employees the right to take photographs of me and my property in connection with the above-identified subject. I authorize **Awana International Canada**, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that **Awana International Canada** may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content. I have read and understand the above:

Printed name \_\_\_\_\_

Organization Name (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_

Signature, parent or guardian \_\_\_\_\_