

AWANA INTERNATIONAL CANADA & SIMCOE GOSPEL CHAPEL

MEDICAL RELEASE

To Whom It May Concern:

As a parent and/or guardian, accompanying adult, I do herewith authorize 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 March 20 and continue until March 22, 2020. 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 the Simcoe Gospel Chapel from any liability.

Signature of Parent/Legal Guardian
Signature of accompanying adult

Address of Participant		
City	Postal Code	Phone ()
Valid Health Card No.	Physician	Phone ()
List of specific (including version code) medical allergies, chronic illnesses or other conditions:		

Other contact person in case of emergency:	Phone ()
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**THIS AWANA TREK TURKEY BOWL MEDICAL RELEASE WILL BE
CARRIED BY THE JUNIOR HIGHER, OR ACCOMPANYING ADULT.**

PLEASE DO NOT MAIL THIS FORM!!



PHOTO RELEASE FORM

Permission to Use Photograph in promoting future events.

Subject (s):

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