

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

Student's name: _____ Birth date: _____
(please print)

Home Phone: _____ Other Phone: _____

Address:

(Street, City, Postal Code)

SECTION I:
Authorization to Obtain Urgent or Emergency Medical Care

Emergency Information:

Manitoba Health Registration No. (6 digits) _____

Manitoba PHIN (9 digits) _____

Please indicate if the student has any serious food allergies of which we should be aware:

In case of emergency contact:

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Daytime phone: _____

Daytime phone: _____

Evening phone: _____

Evening phone: _____

As the parent(s), or adult(s) in custody, of _____ (name of student), I/we give permission for the staff and volunteers of COLLIDE/InsideOut to obtain urgent or emergency medical care for my/our child, and I/we authorize health care providers to render such care as may be necessary. It is understood that reasonable efforts will be made to contact me/us prior to obtaining such care, but I/we authorize such care whether I/we are contacted or not, and I/we agree to be financially responsible for such care.

Parent/Guardian name

Parent/Guardian signature

SECTION II:
Permission to Participate; Release, Waiver of Liability, and Indemnity Agreement

I/we give permission for _____ (name of student) to participate in the activities of COLLIDE/InsideOut, both on the church premises and elsewhere. In consideration of the opportunity of my/our youth to participate in the 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