



July 2018

## Activity Permission, Release and Medical Power of Attorney & Photo Waiver

<b>Child's First Name</b>	<b>Child's Last Name</b>	<b>Date of Birth</b>

1. I, the lawful parent or guardian of the above-named child, give permission for my child to participate in Camp Activate and release from all liability and indemnify the Hamilton Seventh-day Adventist churches hosting this event (Hamilton Mountain, Hamilton Filipino-Canadian, Hamilton East, and Really Living) and their overseeing body, the Ontario Conference of Seventh-day Adventists, its directors, officers, council, agents, representatives, volunteers, and employees, from any and all liability, claims, judgments, cost or expense, including attorney fees, arising out of any damage, injury or illness incurred or caused by my child while participating in the activity, or otherwise in camp custody. I understand the risks in these activities, including the possibility of unforeseen hazards, serious injury or death. I certify my child is able to participate in the activity.
  
2. I agree to instruct my child to cooperate with the camp and its representatives in charge of the activity. I understand that my child may be prohibited from participating and/or sent home for any failure to follow the rules established.
  
3. I appoint camp staff who are acting as leaders, or designated by such leaders, as my attorney-in-fact to act for me in my name and my behalf, in any way that I could act if I were personally present with respect to the following matters if any injury, illness or medical emergency occurs during the activity, related travel or while my child is in camp custody.
  - A. To give any and all consents and authorization to any physician, dentist, hospital or other persons or institutions pertaining to any emergency actions as our medical attorney-in-fact shall deem necessary or appropriate for the best interest of the child.
  
  - B. I understand the camp staff will make a reasonable attempt to contact me as soon as possible in the event of a medical emergency involving my child.
  
4. PHOTO WAIVER: I agree that organizers may use my child's voice, portrait, photograph or image for promotional website, office or any other church related purpose. These may be used in any broadcast, telecast, digital or print medium, including video images, photographs, pictures or renderings, audio recordings, or other likenesses, in combination or alone.

I will notify the organizers immediately of any change in the information presented and agree it is valid until revoked in writing by me. I have carefully read this statement, and my signature acknowledges that I fully understand the content and meaning.

<b>Parent/Guardian's Name (Please Print)</b>	<b>Date</b>

<b>Parent/Guardian's Signature</b>