

**Presbyterian Young Peoples Society (PYPS)
Program Waiver, Medical, and Media Release**

Name of Event: _____ Dates of event: _____

Name of participant: _____
First Last

Participant's health card number: _____

Medical

All reasonable precautions for the safety and health of the participant will be taken. He/she will be properly supervised in activities. In the event of accident or sickness, The Presbyterian Church in Canada; The Synod of Southwestern Ontario; The Presbyterian Young Peoples' Society, its staff and volunteers are released from any liability.

In the event of injury requiring medical attention, I authorize treatment for the participant and understand that reasonable attempts will be made to contact me should such a situation occur.

The participant is covered by provincial health insurance or equivalent medical coverage.

Community Guidelines

This weekend we will be living together in a Christian community of youth and young adults. This community is based on love, trust, respect, and support. Each of us as a member of the community is important. By signing this covenant, I promise to abide by the following guidelines as a member of this community:

- i. I will participate to the best of my ability in all scheduled activities*
- ii. I will respect the rules, the environment, and all attendees*
- iii. I will refrain from the use of non-prescription drugs, alcohol, and sexual conduct*

The PYPS Executive reserves the right to remove any participant(s) from the event for the continued disregard of this covenant.

The Presbyterian Church in Canada; The Synod of Southwestern Ontario; The Presbyterian Young Peoples' Society, its staff and volunteers are not liable for lost, damaged, or stolen items.

Media

I give permission for photographs or videotapes of me (or my child) to be used by PYPS for promotional purposes. Please circle one of the following options:

YES

NO

I hereby confirm that the information provided in this report is accurate to the best of my knowledge.

Participant Signature: _____ Date: _____

If participant is under 18:

Parent/Guardian Name (Please print): _____

Parent/Guardian Signature: _____ Date: _____