



# HERITAGE BAPTIST CHURCH

## REGISTRATION, CONSENT, WAIVER AND MEDICAL RELEASE FOR PERSONS ATTENDING HERITAGE BAPTIST CHURCH YOUTH CONFERENCE 2017

Name \_\_\_\_\_ Sex (M/F) \_\_\_\_\_ Age: \_\_\_\_\_

Health Card # \_\_\_\_\_ Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home Church: \_\_\_\_\_ Pastor's Name: \_\_\_\_\_

I am a:

Youth Worker (Pastor, Youth Director, Adult)  Teenager

Lodging:

I will need billeting provided by the church  I will provide my own lodging

Does the Applicant have any physical, medical, health, behavioral, mental, dietary or other condition that would preclude the Applicant from participating fully, without limitation, in any activity of the **HERITAGE BAPTIST CHURCH YOUTH CONFERENCE 2017**.  Yes  No *If yes, please explain in detail on the back of this page.*

### CONSENT, WAIVER and RELEASE:

~ By my signature freely given below, I attest that I fully understand and agree that activities of the **Heritage Baptist Church Youth Conference 2017** (collectively with Heritage Baptist Church along with its pastors, trustees, deacons, teachers, employees, volunteers, and members – referred to in this document as HBC”) may include, but are not limited to: (i) worship services, (ii) games, (iii) transportation, (iv) partaking in meals, (v) overnight stay, and (vi) sports activities. I also understand and agree that I am assuming for myself and the Applicant named herein all risk of cost, injury, death, harm, illness, damages, medical payments or liability from participating in the activities of the **HBC Youth Conference 2017** and to the fullest extent permitted by applicable law do hereby waive, release, indemnify, hold harmless and agree not to sue HBC.

~ To the extent HBC must arrange medical services in the event of illness, accident or injury to me or any Applicant listed herein, I authorize HBC to release or to obtain any medical or personal information that may be necessary in its sole discretion for treatment of the Applicant. I also agree that HBC assumes no responsibility for the dispensing, maintenance or provision, and therefore will bear no liability whatsoever, regarding any prescription medication or other medical treatments for the Applicant.

~ I further agree and attest that HBC may disapprove of any registration to the full extent permitted by applicable law.

~ I also aver and agree that HBC in its sole discretion has the right to dismiss any Applicant from any activity of HBC for behavior that contradicts its teachings and principles to include without limitation non-cooperative or disruptive behavior, the use of tobacco, alcohol or mind altering drugs, or engaging in inappropriate sexual relationships. Should the Applicant have to leave before the completion of the activities of HBC, I agree that I am solely responsible for providing all travel arrangements for the return of the Applicant to my care.

~ I give consent to HBC to take appropriate pictures of any Applicant listed herein while the Applicant is involved in any activity of the HBC Youth Ministry. I further give consent for HBC to display these pictures within its various services and to use these pictures to encourage others and to promote the Youth Ministry through social media.

~I expressly agree that this consent, release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the law of **ONTARIO, CANADA** and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital. I further state that **I HAVE CAREFULLY READ THE FOREGOING LEGALLY-BINDING CONSENT, WAIVER AND RELEASE AND KNOW THE CONTENTS THEREOF, AND I SIGN THIS CONSENT, WAIVER AND RELEASE OF MY OWN FREE WILL AND WITHOUT RESERVATION.**

\_\_\_\_\_  
MM / DD / YYYY  
Date of Signature

\_\_\_\_\_  
Applicant's Signature (only if 18+ years)

\_\_\_\_\_  
Parent/Legal Guardian's Signature

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Parent/Legal Guardian's Printed Name