



WAIVER, MEDICAL AND CONSENT FORM

Name of Minor \_\_\_\_\_  
First Middle Surname  
Date of Birth (YY/MM/DD) \_\_\_\_\_

I am the parent/guardian of the minor listed above. I expressly request and authorize this minor to attend and participate in the Camp Kodiak adventure from 11 July 2008 to 24 July 2008 according to the terms and conditions hereof.

On my own behalf, and on behalf of the minor, I hereby release St. Joseph's Family Centre Inc. and any other affiliate, employee, staff, volunteer, member, officer or director, from any and all liability for damage or injury to any person or property during the affiliation with St. Joseph's Family Centre Inc. or during travel to and from or at such activity, whether or not such damage or injury is sustained in connection with the activity. I further agree to indemnify and save harmless St. Joseph's Family Centre Inc. from any and all further claims, demands, costs, and/or expenses arising out of any such injuries or damages.

I also hereby expressly waive any right to commence any legal action, proceeding or claim that I or the minor may have with respect to any damage, loss or injury, against St. Joseph's Family Centre Inc. in connection with the minor or my affiliation with, attendance at or travel to, from or in connection with the activity or services provided by St. Joseph's Family Centre Inc., or any other affiliate, employee, staff, volunteer, member, officer or director.

If the minor should require medical attention of any sort while in attendance at or travel to, from or in connection with the activity, St. Joseph's Family Centre Inc. is hereby empowered to: (1) administer first aid, (2) have the minor transported to a doctor or hospital, (3) have the minor examined and treated by a doctor or surgeon and (4) take whatever additional action St. Joseph's Family Centre Inc. may deem necessary to protect the minor's health and welfare. For the purpose of such procedures and treatments, the minor's blood type is \_\_\_\_\_ and the minor has the following allergies or other medical problems

\_\_\_\_\_  
Date of last Tetanus shot: \_\_\_\_/\_\_\_\_/\_\_\_\_ Medications currently taken: \_\_\_\_\_

I understand that St. Joseph's Family Centre Inc. does not carry any insurance relative to the activities or for any injury that may occur to the above-named minor. I hereby represent that the minor is covered by my own insurance carrier. Name of Ins. Co. \_\_\_\_\_ Policy # \_\_\_\_\_ Phone# \_\_\_\_\_

I, the undersigned, hereby attest that I have carefully read this form, understand its contents, and agree to its terms and conditions.

\_\_\_\_\_  
Name of parent/Guardian (please print) Signature of parent or guardian Date

**Name of parent or family member to contact in case of emergency:**

Name: \_\_\_\_\_ Relationship to minor: \_\_\_\_\_

Home telephone: \_\_\_\_\_ Work telephone: \_\_\_\_\_

Mailing address: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Additional Emergency Contacts:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Note: Use back of form if additional space is required

