



The Church of St. Andrew and St. Paul

Badminton

15A

Location: Kildonan Hall, The Church of St. Andrew and St. Paul
Date: Mondays
Person in Charge: Margarita Medina-Ibanez

Health Insurance Number: _____
Private Insurance Coverage: _____
Medical Alerts, Food Allergies, etc.: _____

I, _____, hereby acknowledge my consent to participate in the above-mentioned activity.

The above-named "Person In Charge" is appointed with full power to authorize the admission to hospital, if deemed necessary by a medical doctor, and emergency medical treatment recommended by a medical doctor, to be given in attendance at the above-named event.

I, the undersigned, acknowledge that the planned activity entails certain risks and that in participating in such an activity I expose myself to the hazards which are inherent to this kind of activity and that I am therefore assuming full knowledge of the inherent risks relating to this activity. I further acknowledge the inherent risks of this kind of activity includes, without limitation, bodily injury and damage to property.

I hereby acknowledge that at the time of this activity I am responsible for my own personal security and for the security of my personal property and that no one else is supervising.

I understand that I am obligated to wear appropriate eye-protection for participation in this activity and that none will be provided for me.

I understand that The Church of St. Andrew and St. Paul is a *Leading With Care* community. I understand what this means and I agree to respect the guidelines laid down in this policy.

Signed this _____ day of the month _____ 20_____

Name (please print) _____ Signature _____

Home address: _____

Telephone Number (s): _____

Emergency Contact: _____

October 3, 2018

Approved by: 