

**Elliot Lake Fellowship Baptist Church
JAMAY Kidz Club**

Release Form For Liability and Medical Emergency

By signing this form, you are consenting to put your child into our care, which is our honour and pleasure. We will do everything we can to keep your child safe as we participate in JAMAY Kidz Club activities. For each activity we keep in mind safety considerations and emergency procedures so that if anything unfortunate happens we will be ready. However, there are times when unforeseen circumstances beyond our control do occur, and the statements below are intended to protect the congregation, and volunteers of JAMAY Kidz Club at Elliot Lake Fellowship Baptist Church in those situations.

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- In consideration of you accepting my child for participation in the JAMAY Kidz Club, I hereby, for my heirs, executors, administrators, and myself, waive and release any and all rights and claims for damages that I may have against Elliot Lake Fellowship Baptist Church and its agents, employees, representatives, successors, and assigns for any and all injuries suffered by myself or my child that arise out of JAMAY Kidz Club sponsored by the above named organization.
- I warrant that I have the right to authorize the foregoing and do hereby agree to hold the above named organization harmless of and from any and all liability of whatever nature which may arise out of or result from such participation.
- For the consideration stated above, I further agree that in the event that my child or I should make any claim against the above named organization for damages arising out of the above named program, activity or sport, I will personally indemnify, defend, and hold harmless the organization and its agents, employees, representatives, successors, volunteers, and assigns against any and all loss and damage, occasioned thereby, including attorney's fees.

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- For the safety and enjoyment of my child, no disruptive behaviour, abusive language, or aggression will be tolerated for the duration of this program. If this occurs, the parent or legal guardian will be contacted and requested to remove the child for that day.

- By signing below, I give permission to treat my child in case of a medical emergency.

I have read and understand this Agreement and have willingly placed my signature below as evidence of my acceptance of all the conditions contained herein.

Child's Name #1: _____

Child's Name #2: _____

Child's Name #3: _____

Child's Name #4: _____

Child's Name #5: _____

Child's Name #6: _____

Parent/Legal Guardian Signature: _____

Date: _____

(Please email completed form to jamay@elfbc.ca or leave it in the church mailbox at 20 Roman Ave. by July 31, 2024.)