

Scarborough Community Alliance Church

135 Silver Star Blvd., Scarborough, ON M1V 4V8 Tel: (416) 754-1094 Fax: (416) 754-3784

Liability Waiver Form

I, _____, hereby certify that I voluntarily permit my son/daughter to participate in *the summer retreat at Trent University from June 29 – July 1, 2019* as organized by the Scarborough Community Alliance Church.

I recognize this trip will involve traveling, water activities and other activities. In the case of any medical emergency during the trip, I authorize Scarborough Community Alliance Church, or a physician selected by Scarborough Community Alliance Church to hospitalize and/or provide treatment for my son/daughter.

I agree to release Scarborough Community Alliance Church, its staff, pastors, board of elders, committee members and volunteers (i.e. counselors) from any and all liabilities, causes of injuries, demands, losses, costs, damages, claims whether arising from negligence of Scarborough Community Alliance church or otherwise from my son/daughter's participation in the said trip.

LEGAL NAME OF PARTICIPANT (PRINTED)

PARTICIPANT'S SIGNATURE

LEGAL NAME OF PARENT/GUARDIAN (PRINTED)

PARENT/GUARDIAN'S SIGNATURE

DATE