

CONSENT, WAIVER AND INDEMNITY (RELEASE) FORM

_____ Seventh-day Adventist Church

(_____ Pathfinder/Adventurer Club Activities)

PLEASE READ CAREFULLY BEFORE SIGNING, THIS IS A LEGAL DOCUMENT AND AFFECTS YOUR LEGAL RIGHTS

Child/Adult's Name _____ Age _____

Care Card # _____ Cell # _____

I am requesting, as the parent or legal guardian of the minor identified above that he/she be allowed to participate fully in the activities undertaken from September 1, 2020 to August 31 2021, inclusive, as part of the Adventurer activities at the _____ SDA Church (Adventurer Club).

I understand that the activities may include travelling to various parts of the Province of British Columbia and undertaking various activities, some of which are not yet known. I further understand that there are risks on behalf of the Minor, which risks may include the risk of serious bodily harm, damage/loss to property and death. Activities include, but are not limited to, Pathfinder Camporee/Adventurer Campout, Hiking, Community Service projects, Can Collecting, Camping, Swimming, Canoeing, Rock Climbing, Biking, Water Slides and/or field activities.

On my behalf and on the behalf of the Minor, I waive any rights and release and discharge any claims or causes of action whatsoever that I and/or the Minor may have now or in the future against the _____ SDA Church, the Seventh-day Adventist Church (British Columbia Conference) (SDACC), and their respective affiliates, members, directors, officers, leaders, agents, volunteers and/or employees (together defined as "SDABCC") arising out of or in any way connected with the Minor's participation in any activities of the _____ SDA Church, I agree to indemnify and hold harmless SDABCC from any actions, suits, claims, or demands whatsoever that the Minor may have or may bring against SDABCC arising out of or in any way connected with the Minor's participation in the activities or other activities of the SDABCC. I further agree to indemnify and hold harmless SDABCC from any actions, suits, claims, demands whatsoever, arising out of any negligent wrongful or illegal act or omission that the Minor may commit in respect of or during the activities or other activities of the SDABCC.

I have disclosed any and all medical conditions and/or allergies, on the medical information Form from which the minor suffers, I hereby authorize and consent to SDABCC making decisions with respect to medical treatment and/or hospitalization for and on behalf of the minor while the minor is involved in the activities at or away from _____(Church),

The Minor and I support the policies of the SDABCC and of the _____ SDA Church, and agree to be bound and abide by them.

I acknowledge and agree that the information in this Consent, Waiver and Indemnity Form is collected to assist in the implementation of the Minors' participation in the activities and other activities at the _____ Church. It will be used for the purpose of implementing those activities, for contacting me as deemed necessary for providing or arranging for medical treatment for the Minor. The information will be provided to those providing medical treatment to the Minor. I agree that the _____ SDA Church may use photographs, videos or other images of the minor for the purposes of promoting the _____ SDA Church and/or the programs of SDABCC.

All of the above is understood and agreed to on this _____ day of _____, 20____.

Signature (OR Parent/Guardian for minor children under age 19)

Print Name