



Western Canada Chinese Catholic Living Camp 2017

Medical Waiver and Parental Agreement* Form

Personal Information:

Last Name: _____ Given Name: _____ Age: _____ Gender: _____
Date of Birth: (MM/DD/YY) ____/____/____ Address: _____
Home Phone Number: (____) _____ Cell Phone Number: (____) _____

Emergency Contact:

Name: _____ Relationship: _____ Phone Number: (____) _____

Medical Information:

B.C. Care Card/ Medical Number: _____ Other Insurance Plan: _____
Family Physician: _____ Phone Number: (____) _____

(If the answer is "yes" to any of the following questions, please specify.)

- Physical limitations? No Yes _____
- Food allergies? No Yes _____
- Medication allergies? No Yes _____
- Environmental allergies? (e.g. Hay fever, dust, animals, plants, etc.)
 No Yes _____
- Take regular medication? No Yes _____
- Other special conditions that we should be aware of?
 No Yes _____

I. Participant Consent:

I have provided accurate medical information above. In the event of emergency, I give permission to the personnel of the Western Canada Chinese Catholic Living Camp (WCCCLC) 2017 to collect, use and disclose the above information to provide first-aid treatment and/ or make arrangements for qualified medical or surgical attention for me, if it should be required. I understand that the emergency contact name above will be notified by the quickest means possible if this authority is exercised. I agree to accept financial responsibility in excess of the benefits allowed through the provincial hospital/ medical insurance.

II. Liability Waiver:

I hereby waive and forever discharge all individuals, all parishes and any other organization involved with WCCCLC 2017, from any and all actions, causes of actions, liability, claims and demands, or suits whatsoever whether existing as of this date or in the future and whether arising from the participation of WCCCLC 2017 or otherwise.

By signing below, I acknowledge that I fully understand all provisions stated in paragraphs I and II.

Participant's Signature: _____ Date: (MM/DD) ____/____/2017

*All participants who are under 19 years of age must have this section completed by their parents/guardians.

Parent/Guardian Consent:

In consideration of the participant named above being permitted to participate in WCCCLC 2017, I, being a parent or lawful guardian of the participant, hereby consent to such participation by the participant in the event. By signing below, I acknowledge and agree to all provisions stated in paragraphs I and II on my behalf as well as that of the participant.

Parent/Guardian Signature: _____ Date: (MM/DD) ____/____/2017

Name of Parent/Guardian Printed: _____