



Convention of Atlantic Baptist Churches (CABC) Waiver/ Consent form for LINK 2009 (Sept 17-19, 2010)

Youth's Name: _____ (please print)

Date of Birth ____ day, ____ month, ____ year

I, the undersigned, give my permission as the parent/guardian of (youth's full name) _____ to participate in the activities of the LINK 2010 retreat at Camp Wildwood (Moncton, NB) and that this participation is at the youth's own risk. I am aware of the inherent hazards involved in the outdoor and indoor activities that take place in a retreat setting (such as but not limited to canoeing, hiking, swimming, field sports, archery, volley-ball, zip-line, climbing wall).

Throughout the LINK 2010 weekend precautions will be taken for the safety and health of your child but in the event of an accident, sickness or misfortune, I, the undersigned hereby **release: the Convention of Atlantic Baptist Churches**, its board members, staff, employees and volunteers, facilities as well as **Camp Wildwood**, its Director, volunteer staff members, its board members, employees or facilities **from** 1) the loss or damage of personal property, 2) any and all liability in the event of any accident or misfortune that may occur to the youth named above and 3) all claims, demands, damages, actions or causes of action which may arise or result from the youth's participation in LINK 2010 activities, whether in law or in equity and which we our heirs, executors, administrators and assigns may have.

_____ (parents signature)

In the event of an emergency, I hereby give permission to the physicians selected by the staff at LINK 2010 to hospitalize and secure proper diagnostic services (such as but not limited to x-rays), and medical treatment, (such as, but not limited to medications and surgery), for my child named above and that the parents/guardians will be notified as quickly as is reasonable _____ (parents initials)

By signing this form, I have read, and understood the above information and acknowledge that the information provided on the online / paper registration form is correct regarding my child(ren) named above including allergies, emergency contact information, medications and health care card information. _____ (parents initials)

I also agree that photos and or video may be taken of my child(ren) during LINK and that they may be used in retrospective, promotional pieces (for example video, flier, web story, Convention Connection), or presentations that may or may not appear on the internet. _____ (parents initials)

Parent/guardian's Name: (please print) _____

Signature: _____

Date: _____