

**SUMMER DAY CAMP 2018  
MEDICAL PERMISSION AND PHOTO WAIVER**

**PERMISSION:**

I give permission for my child to participate in the **Summer Day Camp 2018** at

\_\_\_\_\_ .  
(Name of Church)

I hereby release, remise, and forever discharge the United Church of Canada, its staff or volunteers, of, and from, all manner of actions, causes of actions, claims, and demands of whatever nature which result from any injury, loss or expense sustained, arising out of or in any way connected with participation in the Summer Day Camp programme.

In the event that my child is injured, ill or in need of medical attention (and I am unable to be contacted), I authorize the leaders of the retreat to seek medical attention on my behalf.

Name of Child: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PHOTO CONSENT:**

*We occasionally use photos of people and groups on bulletin boards, in the church newsletters or on church websites, and via other media. In order to include your child's photo we must have your signed permission. The name of your child will not be used.*

I give permission for the leaders of the **Summer Day Camp 2018** at \_\_\_\_\_ to use a photo of my child for a church publication or \_\_\_\_\_  
(Name of Church)  
on a church website. I understand that my child's name will not be published on the Internet.

Name of Child: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_