| **Parental Release Form for all participants in Canadian Yearly Meeting under the age of 18** | |
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| *Canadian Yearly Meeting must seek parental release for all young people ages 0-17 who participate in Canadian Yearly Meeting sessions. We assume that all young people will be registered for the entire time they are on campus. Please complete, PRINT, SIGN and return the form(s) to Nathalie Brunet by email (if comfortable doing so) at youthprogram@quaker.ca or in person at the gathering. Thank you.* | |
| | |
| 1) Child's name: | Date of Birth |
| Health coverage details (name of plan and registration number): | |
| | |
| Conditions or special needs that group leaders/health care providers should know: | |
| | |
| 2) Child's name: | Date of Birth |
| Health coverage details (name of plan and registration number): | |
| | |
| Conditions or special needs that group leaders/health care providers should know: | |
| | |

I give permission for my child(ren) to participate in the 2023 sessions of Canadian Yearly Meeting and to participate in all planned program activities, both on and off campus. I hereby release Canadian Yearly Meeting, its officers, staff, volunteers and the host facility from all liability for any injury or illness that my child may experience during Yearly Meeting sessions.

In the event of an emergency, I hereby authorize Yearly Meeting organizers, or the below-named Guardian to consent to any medical or surgical care advised by licensed health care providers. I hereby release Canadian Yearly Meeting and the host facility from any liability, legal or financial, for emergency care provided for my child. I expect to be informed as soon as possible.

**Waiver: Hold Harmless Agreement**

☐ I agree to hold harmless Canadian Yearly Meeting, its insurers, and its agents and volunteers in its child and youth programmes, against any expense relating to a claim for injury or loss to myself, my child or myself through any of them, unless caused by their intentional act. I make this agreement willingly on behalf of myself, and my child[ren] or anyone who could claim damages on my child's or children's behalf.

Parent's/Legal Guardian's signature:

Name of parent or guardian on site at Canadian Mennonite University:

Contact phone number

Name of Emergency contact person not in attendance at CYM

Parent's/Legal Guardian's signature:

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| Signature of on-site<br>Guardian: |
| (If Parent/Legal Guardian is not accompanying child(ren) to Yearly Meeting.) |