AfterShock Youth Group Wavier Form (2016)

Name of Participant	Address of Participant
Name of Parent/Guardian	Phone Number
Emergency Contact	Phone Number
Yukon HCIP Number	_
LIABILITY WAVIER	
I,, being the legal guard permission for my child to take part in all After and completely voluntary act. I recognize that in the events and programs of the Whitehors may not be under direct adult supervision at	erShock related activities as an informed t certain hazards and dangers are inherent e Church of the Nazarene, and that youth
I acknowledge that although the Whitehorse measures to minimize the risk of injury to par participants will be free from hazards, accide	rticipants, it cannot guarantee that the
I agree to assume all risk associated with his/ to release and hold unaccountable any staff, the Nazarene from all claims, suits, costs and	assistants, and volunteers of the Church of
I authorize AfterShock youth leaders and/or i administration of general first aid for minor in summon any and all professional emergency my child in the event of a life threatening inju	njuries and further authorize them to personnel to attend, transport and treat
PERMISSION FOR TRANSPORTATION	
I give permission for my child to be transported designated van driver before/during/after After the youth leaders, Sarkis Hajian and Curt	terShock events. I give the same permission
PHOTO RELEASE	
I certify that photographs or videos of my chi be utilized in promotional materials for the C	
Parent/Guardian Signature	Date
Participant Signature	Date