

Braving Release Form 2022

Participant Information

Name: _____ Age: _____ Birthday: _____ Phone: _____

Address: _____ Email: _____

Emergency Contact

Name: _____ Phone: _____ Phone: _____

Name: _____ Phone: _____ Phone: _____

Permission for Publicity

On occasion, Ottawa University representatives may take photographs or make audio or video recordings of children and/or adults involved in school/youth activities. I consent to the use of any such photograph, audio or video record of the one named above to be used, distributed or displayed as agents of the University see fit.

- I give permission for publicity
- I do not give permission for publicity

Release of Liability

Participant over the age of 18

By signing this waiver form, I acknowledge that I am physically and mentally able to participate in youth group activities, unless I have already discussed it with one of the leaders. I acknowledge that there are certain risks involved in said activities.

I release Ottawa University, its affiliates, volunteers, and employees of all responsibilities for any injuries, to body or property, which may occur to me during the course of these activities. In the event of an emergency in which I, or the alternate contact, cannot be reached, I authorize the adult leaders to make medical decisions for me, and to administer first aid if deemed necessary.

I further agree to indemnify and hold harmless Ottawa University and its affiliates, volunteers, and employees of any and all claims arising from my participation in activities or as a result of my injury or illness during such activities.

I have read the Waiver Form and I am fully aware of its contents.

Signature of Adult Participant

Date

Parent of participant under the age of 18

By signing this waiver form, I grant permission for the child named above to participate in and engage in Ottawa University youth group events. My child is physically and mentally able to participate in these activities, unless I have already discussed it with one of the leaders. I acknowledge that there are certain risks involved in said activities, and have discussed them with my child if necessary.

I release Ottawa University, its affiliates, volunteers, and employees of all responsibilities for any injuries, to body or property, which may occur to my child during the course of these activities. In the event of an emergency in which I, or the alternate contact, cannot be reached, I authorize the adult leaders to make medical decisions for my child, and to administer first aid if deemed necessary.

I further agree to indemnify and hold harmless Ottawa University and its affiliates, volunteers, and employees of any and all claims arising from the participation of my child in activities or as a result of injury or illness of my child or mine during such activities.

I represent that I am the participant, or the parent/guardian of _____, who is under 18 years of age. I have read the Permission/Waiver Form and I am fully aware of its contents. I give permission for the child named above to participate fully in the activities of Ottawa Universities TAU institute.

Signature of Parent/Guardian

Date