Informed Consent and Assumption of Risk READ BEFORE SIGNING

Participant's Name:		OOB:
		(please print)
IN CONSIDERATION of being permitted to particle (hereafter known as ministry point) operated by O and agree:		
 Participation in activities could result in poss point, accidents and injuries may occur. By and all spaces used by the ministry point. 	signing this form, I assume a	all risks related to the use of any
To release from responsibility, the ministry or volunteer, and the facilities used from an that might arise out of the participant's part risks associated with the activities.	y cause of action, claims, or	demands now, and in the future
3. I accept all risks relating to such activities including personal injury such as: cuts, sprains, scrapes, bruises, fractures, broken bones, concussions, death, or any personal property damage/loss, which may occur on the camp premises. I understand these risks and will not hold the ministry point liable for any such injury.		
Furthermore, I agree to obey all ministry point to any damage I may cause to the facilities	•	· · · · · · · · · · · · · · · · · · ·
I have read this <i>Informed Consent and Assumption</i> am assuming by signing it, and sign it freely and vo	• •	lerstand its terms and the risks I
Participant Signature (13 years and older)	Date	Phone #
(Address, City, Province, Postal Code)		
FOR PARTICIPANTS OF MINORITY AGE (under age 18 at time of registration)		
This is to certify that I, as parent/guardian with leg Consent and Assumption of Risk Agreement, fully rights by signing it, and sign it freely and voluntarily	understand its terms, and	•
Parent/Guardian's Signature	Date	Phone #
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