

Melfort Evangelical Covenant Church

Informed Consent and Assumption of Risk READ BEFORE SIGNING

Participant's Name _____ Date of Birth: _____

IN CONSIDERATION of being permitted to participate in any way at Melfort Evangelical Covenant Church, (hereafter known as ministry point), I acknowledge, understand, and agree:

1. The COVID-19 virus pandemic remains an on-going threat. I understand that there still is a risk of exposure to the virus while my child attends the event, in spite of the precautions that have been taken by the ministry point in following directions outlined by local health authorities to try to limit exposure to the COVID-19 virus or to other communicable diseases. I further understand if my child has a pre-existing condition, it may make them more vulnerable to the virus.
2. Participation in activities could result in possible personal injury. Despite precautions taken by the ministry point, accidents and injuries may occur. By signing this form, I assume all risks related to the use of any and all spaces used by the ministry point.
3. To release from responsibility, the ministry point, including all staff and volunteers, and the facilities used from any cause of action, claims, or demands now, and in the future that might arise out of the participant's participation in activities at the ministry point or from the physical risks associated with the activities.
4. 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 premises. **I understand these risks and will not hold the ministry point liable for any such injury.**
5. Furthermore, I agree to obey all ministry point rules and take full responsibility for my behavior in addition to any damage I may caused to the facilities utilized by the ministry point.

I Have read this *Informed Consent and Assumption of Risk Agreement*, fully understand its terms and the risks I am assuming by signing it and sign it freely and voluntarily.

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 legal responsibility for this participant, I have read this *Informed Consent and Assumption of Risk Agreement*, fully understand its terms, and that I have given up substantial rights by signing it freely and voluntarily.

Parent/Guardian's Signature

Date

Phone #