

WAIVER AND RELEASE - TRUE NORTH VBS - RIDGEVIEW COMMUNITY CHURCH

****PLEASE SIGN AND SEND THIS FORM AHEAD TO PAM AT
pmitic@rvccclondon.ca OR BRING FORM TO CAMP WITH
YOU.**

CHILD(REN) NAME(S) :

I agree to assume all risk, liability and/or expense due to illness or injury in the very unlikely event that any should occur as a result of participation or involvement in activities, games or sports type events at VBS camp.

I understand that the outdoor games station may take place on either church or neighbouring school property.

(parent/guardian) am not aware of any injury, illness or other health related or pre-existing issues that would restrict my Childs ability to participate in any of the activities happening at VBS day camp at Ridgeview community Church. I will make leadership aware of any issues needing explanation.

Signed : _____ Date : _____

Parent/guardian

