

## **Liability & Release Form EDGE 2024-2025**

**Child's Full Name:** \_\_\_\_\_

**Release:** I/we understand that reasonable precaution will be taken to safeguard the health and safety of the participant (s) and that the designated emergency contact person will be notified as soon as possible in case of emergency. In the event of any sickness or accident person(s) will not hold St Ignatius of Loyola Church, the Archdiocese of Toronto, any volunteer, chaperone, or driver responsible.

**Medical Care:** I/we authorize and consent that emergency treatment be rendered under the general or specific supervision and on the advice of any physician, dentist, or surgeon; licensed to practice in the Province of Ontario. The undersigned understand(s) and agrees that any medical, dental, or hospital expense incurred shall be at their own expense. The undersigned understand(s) every effort will be made to notify the emergency contact in the event that treatment is necessary

**Permission:** In signing this I am granting my son/daughter permission to participate in St. Ignatius of Loyola EDGE Nights "at 2300 Burhamthorpe Road, Mississauga on selected EDGE nights from 7-9pm.

**Photography:** I understand my son/daughter photograph and/or likeness and name may be used in a future promotion whether that be a parish publication, website, or video publication

**Pickup:** I/we understand that I/we must come to pick my son/ daughter up at the end of the EDGE night (9pm). Supervision ends at 9:00pm.

**Valuables:** I/we understand that St. Ignatius of Loyola EDGE is not responsible for lost, stolen or damaged items. It is highly encouraged that youth leave all valuables (including cell phones/iPods at home for safe keeping).

**Behaviour:** I/we acknowledge that my son/daughter will be respectful and participate in all EDGE activities ensuring to uphold good Christian morals and be a role model to their peers (including dressing appropriately). Should behaviour/dress become an issue, appropriate actions will be taken with consultation with the Parish priest and parents/guardians to ensure that the child and peers are both safe and enjoying their time at EDGE.

**By signing below you agree to adhere to all agreements above.**

**Youth Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_