

**St. Andrew's Waiver, Consent, and Release of Liability Form  
PA Day Camp**

*All reasonable precautions for the safety and health of the participant will be taken. They will be properly supervised.*

In the event of accident or sickness, I hereby release St. Andrew's Presbyterian Church in Ottawa, its staff and volunteers, from any liability, claims and causes of action by reason of any injury which may be sustained as a result of PA Day Camp activities, whether on church premises, or not.

In the event of an emergency or injury requiring medical attention, I authorise treatment for the participant. I understand that reasonable attempts will be made to contact me, should such a situation occur. In the event when I cannot be reached, I give St. Andrew's Presbyterian Church staff and/or volunteers permission to seek medical attention for my child. If the designated physician is not available or the situation warrants, I give permission to the physician, paramedic, nurse, or dentist selected by St. Andrew's Church representative to provide medical or dental aid for illness or injury including transportation to and from facilities. I agree to bear all costs associated with medical care and transportation.

Name of PA Day Camp participant(s):

\_\_\_\_\_

Adult Signature \_\_\_\_\_ Date: \_\_\_\_\_