

**CONSENT, RELEASE AND INDEMNIFICATION for MINORS (17 years and under)  
APPLYING FOR INVOLVEMENT IN A CHILD and/or YOUTH PROGRAM/MINISTRY**

*Note: If volunteering, you must be a minimum of 12 years old prior to your start date.*

**Note: When completing items I. and II. please place an 'X' in front of all anticipated PROGRAMS and areas of INVOLVEMENT.**

**I. PROGRAM:**

**PRINT CLEARLY**

\_\_\_ AWANA \_\_\_ Building & Grounds \_\_\_ Central Baptist Academy(CBA) \_\_\_ Jr Church \_\_\_ Nursery \_\_\_ Library  
\_\_\_ Media Team \_\_\_ Nursery Team \_\_\_ Kitchen Outreach \_\_\_ Pioneer Clubs \_\_\_ Soccer \_\_\_ Sunday School  
\_\_\_ Vacation Bible School(VBS) \_\_\_ Visitation Team \_\_\_ Worship Team \_\_\_ Youth Programs \_\_\_ Other \_\_\_\_\_

**II. INVOLVEMENT:** \_\_\_ Participant/Student \_\_\_ Volunteer \_\_\_ Employee

**III. DATA: (print clearly)**

**Child/Youth:** First Name: \_\_\_\_\_ Surname: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Yr. Mo. Day

Gender: Male \_\_\_ Female \_\_\_ School Grade: \_\_\_\_ (as of Sept., 20\_\_)

Do you attend church regularly?  Yes  No, *If 'yes,' provide name of church:* \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Tel:(\_\_\_\_) \_\_\_\_\_ Child/Youth's Cell:(\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**Parent/Guardian:** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

**Emergency:** Alternate's Name: \_\_\_\_\_ Tel.#: \_\_\_\_\_

Child/Youth's Health Card #(optional): \_\_\_\_\_ Name on Card: \_\_\_\_\_

Family Physician's Name: \_\_\_\_\_ Tel.#: \_\_\_\_\_

**IV. MEDICAL:** *List all pertinent ALLERGIES, MEDICAL PROBLEMS and MEDICATIONS (optional) regarding your child/youth.*

**MEDICAL ISSUE**

**MEDICATION & DOSAGE**

**NOTES**

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**V. CONSENT:**

Unless prohibited by federal or provincial law, the undersigned parent(s) or legal guardian(s) hereby give permission for the above-named child/youth to attend, travel and participate in all approved programs/ministries and related activities sponsored by Central Baptist Church Brantford Inc. (the "Church" or "CBCB") for the time period:

beginning \_\_\_\_/\_\_\_\_/\_\_\_\_ and ending \_\_\_\_/\_\_\_\_/\_\_\_\_,  
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whether carried on at CBCB facilities or elsewhere. The undersigned, in my/our capacity as parent(s) or legal guardian(s) of the said child/youth, hereby designate temporary custody and guardianship to the Program/ Ministry workers and/or such other responsible leaders of CBCB as may be designated by the Church from time to time. The undersigned further authorizes said persons to grant permission for emergency medical/dental treatment, during the above-noted time period, if/when the child's/youth's parent or legal guardian is unable to provide such consent. The undersigned shall be liable for and agrees to pay all costs and expenses incurred in connection with such medical/dental services rendered to the said child/youth pursuant to this Consent. If it is necessary for the child/youth to return home for any reason, the undersigned shall assume all transportation and other related responsibilities and costs.

**SIGNATURES REQUIRED ON 2<sup>ND</sup> PAGE OF FORM.....**

**VI. RELEASE:**

Unless prohibited by federal or provincial law, the undersigned, on behalf of themselves and the said child/youth, and in consideration of the voluntary nature of the event the child/youth attends, do hereby release and forever discharge CBCB and its Deacons, Pastors, officers, employees, members, adherents and volunteers against all losses, claims, suits, and demands, or any liabilities whatsoever, arising from injury or death to the child/youth or other persons involved in the above-noted activity during the above-noted period of time, or any damage to property associated therewith.

**VII. INDEMNIFICATION:**

Unless prohibited by federal or provincial law, the undersigned agrees to indemnify and hold harmless CBCB and its Deacons, Pastors, officers, employees, members, adherents and volunteers from any and all losses, claims, suits and demands, or any liability whatsoever, arising from death or injury to any person or persons, during the said period of time, that may be made by or initiated by any person(s), corporations, partnership, joint ventures, associations, or any other legal entity arising out of any loss or damage to property associated therewith resulting from any act or omission associated in any manner whatsoever involving the above-noted child/youth, including any related legal costs on a solicitor-client basis, together with any settlement which CBCB may deem to be reasonable in the circumstances, as determined in its sole discretion.

**VIII. NOTES:** *These items form part of this Consent.*

- 1. **Risk Education:** It is the responsibility of the parent(s) or legal guardian(s) to teach their child/youth about the potential risks of involvement in these activities (e.g. potential injury in sports) and to provide safety education and safe clothing, materials and equipment, appropriate to the activity and situation.
- 2. **Changes:** It is the responsibility of the parent(s) or legal guardian(s) to inform CBCB or CBA, as appropriate, when there are any changes to the above information during the said time period.
- 3. **Confidentiality:** The content of this document is for sole use in the church's programs/ministries and will be kept confidential, except as needed to carry out the specified program/ministry.
- 4. **Ministry to Children and Youth Booklet:** I hereby confirm that, if applying to work with children/youth under the age of 18 years, I have read and understood all of CBCB's Ministry to Children and Youth booklet: Standard or Leaders' Edition.

**IX. SIGNATURES:**

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 (parent or legal guardian) Yr. Mo. Day  
(2<sup>ND</sup> parental signature is optional)  
 Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 (parent or legal guardian) Yr. Mo. Day

*\*when the child/youth is 12 -17yrs of age please sign as well:*

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 (child/youth) Yr. Mo. Day

**X. MEDIA RELEASE:** Parent/Guardian: "I hereby give permission for my child to be included in media photos/recordings, without remuneration of any kind."

\_\_\_ Yes \_\_\_ No Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Yr. Mo. Day

\* when child/youth is 12-17 yrs of age please sign as well: "I hereby agree to be included in media photos/recordings, without pay of any kind."

\_\_\_ Yes \_\_\_ No Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Yr. Mo. Day