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**COPTIC ORTHODOX PATRIARCHATE**  
**THE CHURCH OF VIRGIN MARY AND ST. ATHANASIOUS**

Convention Permission and Release form -  
Servants who are **18 YEARS OR OLDER**

**Trip/ Activity:** Children Convention  
**From:** Aug. 12, 2011 @ 8:00 AM

**Place:** Sheridan College, Trafalgar Campus, Oakville  
**To:** Aug.14, 2011 @ 3:00 PM

**Participant**

Name: \_\_\_\_\_

The Church of : **St. Maurice & St. Verena**

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

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone #: \_\_\_\_\_

OHIP card # \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Special condition, medications or allergies: \_\_\_\_\_

Family Doctor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

By signing this form I, \_\_\_\_\_ (the Participant)

1. agree to participate in this trip/activity of the church of virgin Mary and St. Athanasius (the church)
2. agree that I will abide by all the rules and regulations of the trip/activity and the instructions of the Trip /Activity leader(s); otherwise, I be returned on my expenses
3. permit the Church, the trip/activity leader(s), or whom they may designate, to act on my behalf, if I cannot do so, in case of medical emergencies or accidents pertaining me, the participant, during the trip/activity
4. Authorize the medical doctor, hospital or medical center to act as they see fit to treat me in case of emergencies or accidents; I will be responsible for the cost of the treatment or medical procedures; and
5. release the Church and its priests, directors and members as well as the trip/activity leader(s) from all liabilities or responsibilities that may arise from accidents or other events during the trip/activity.

Signed at the City of \_\_\_\_\_

On: \_\_\_\_\_

Participant signature \_\_\_\_\_

