



Leaders Form

Name: _____ Phone Number: (____) _____

Address: _____ Apt: _____

City: _____ Province: _____ Postal Code: _____

E-mail: _____

Health Card #: _____

Church: _____

M or F: ____

Emergency Contact (& phone #):

THE FINE PRINT

I understand that precautions are taken for the safety and health of all participants, but in the event of an accident or sickness, I hereby release from any liability, the Churches of the Durham East Youth Network and Fair Haven Ministries, its staff and its volunteers. In the event that I require special medication, x-rays or treatment, I hereby give permission to the physician selected by the leadership of a Durham East Youth Network Church or Fair Haven Ministries staff to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for myself. Every effort will be made to contact the emergency contact listed above before such action is taken. I am covered by Provincial Health Insurance or equivalent medical insurance.

I allow myself to be photographed or videotaped for future Durham East Youth Network publications.

By signing below, I understand and agree to the above statements, ensure the information given is **complete** and **accurate**.

Printed name: _____

Signature: _____ Date: _____