



**COPTIC ORTHODOX PATRIARCHATE
THE CHURCH OF VIRGIN MARY AND ST. ATHANASIUS
Convention Permission and Release form -**

Servants who are 18 YEARS OR OLDER

Trip/ Activity: Children Convention

Place: Sheridan College, Trafalgar Campus, Oakville

From: Aug. 15, 2014 @ 8:00 AM

To: Aug. 17, 2014 @ 3:00 PM

Participant

Name: _____

The Church of : _____

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)
agree to participate in this trip/activity of the church of virgin Mary and St.
Athanasius (the church)**

**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**

**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**

**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 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 _____