



CELEBRATING FAITH, LOVE
AND COMMUNITY SINCE 1908

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KINGSTON ROAD UNITED CHURCH

Sports Waiver Form for Adult - 2026 Bowling Program

Participant Information:

Full Name: _____

Date of Birth: ____ / ____ / ____

Email: _____

Cell #: _____

Secondary Contact:

Full Name: _____

Phone Number: _____

Email Address: _____

Relationship to Participant _____

Activity Details:

Sport/Activity: Church Bowling Program

Date(s) of Participation: 21 / Oct / 2026 to 11 / Nov / 2026

Location: Kingston Road United Church, 975 Kingston Road

Waiver and Release of Liability:

I, _____ (Participant's name), understand and recognize the risks involved in the sport/activity of bowling. I agree to release and hold harmless Kingston Road United Church, its officers, employees, volunteers, and agents from any and all liabilities, claims, demands, or injuries that I may sustain while participating in this activity in the church.

Health Information:

Does the Participant have any medical conditions that the organizers should be aware of?

☐ Yes ☐ No

If yes, please specify: _____

Is the Participant currently taking any medication that the organizers should be aware of?

☐ Yes ☐ No

If yes, please specify: _____

Medical Authorization:

In case of an emergency, I authorize the provision of care or medical treatment if I need it. I accept responsibility for the payment of any emergency medical services or treatments needed.

Confirmation

I confirm that I am 18 years of age or older and understand the terms and conditions in this waiver. I also confirm the information I have provided Kingston Road United Church in this waiver is accurate.

Adult Participant Signature: _____

Date: ____ / ____ / ____