



CELEBRATING FAITH, LOVE
AND COMMUNITY SINCE 1908

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KINGSTON ROAD UNITED CHURCH

Sports Waiver Form for Child or Minor - 2026 Bowling Program

Minor Participant Information:

Full Name: _____

Date of Birth: ____ / ____ / ____

Parent/Guardian Information:

Full Name: _____

Phone Number: _____

Email Address: _____

Relationship to Child / Minor _____

Second Parent/Guardian (Optional)

Full Name: _____

Phone Number: _____

Email Address: _____

Relationship to Child / Minor _____

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:

As the Parent/Guardian of _____ (child/minor's name), I understand and recognize the risks involved in the sport/activity of bowling. I agree, on behalf of my child (or the minor in my care), to release and hold harmless Kingston Road United Church, its officers, employees, volunteers, and agents from any and all liabilities, claims, demands, or injuries which might occur as a result of my child, or the minor in my care, participating in this activity in Kingston Road United Church.

Health Information:

Does the Child or Minor have any medical conditions that the organizers should be aware of?

[] Yes [] No

If yes, please specify: _____

Is the Child or Minor 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 for my child or the minor named above. I accept responsibility for the payment of any emergency medical services or treatment needed.

Consent:

I am the parent or legal guardian of the child / minor named above. I have the legal authority to execute this waiver and release liability on their behalf.

Parent/Guardian Signature:

Date: _____ / _____ / _____