UNIFORM MINISTRIES VIRTUAL EVENTS WAIVER

Seventh-day Adventist Church

ALBERTA CONFERENCE

ALBERTA CONFE	RENCE YOUTH DEPARTM	IENT WAIVER FORM			
Last Name		First Name			
Minor Participant	Age Birth D	ate (mm/dd/yyyy)	Male/Female		
Address					
City			Province	Postal Code	
Email Address					
Home Telephone		Cellphone Nu	mber		
PLEASE CHECK O	NE BOX ONLY:				
I give perm	ission for the minor listed	d above to participate in	l		
event spon	sored by the Alberta con	nference of the SDA chui	rch. Event Date:		
I do NOT gi	ve permission for the m	inor listed above to par	rticipate in the m	nentioned event	
cannot guarantee other malicious so five do so and as sponsoring orgar and hardware. Ar systems or access what my child accother parents and participates in an an and the READ ANI	ies, including inappropriation in this oftware or code-based to sume all risk and unders sization cannot fully protect the following technical support for moderations are my resident to screen and assume of the information of the information of the information of the minors are my resident to screen and assume of the information of the information of the minors are my resident to screen and assume of the information of the info	s online activity will not only only only only only only only only	expose your hard oceed with the act olved. I/we fully u computer systen he use of any sof ty. I understand by messages with ully supervise all	ware to viruses, and ctivities described herein understand that the ns, including software tware on my computer that supervision of a volunteers, employees, activities the minor	
	Signature		Date		
	Adult Particip	ant/Parent/Guardian (N	Name Printed)		
	Print, sign	n, scan and return to	your club Dire	ctor.	







