



大悲菩提寺

Great Compassion
Bodhi Prajna Temple

Liability and Waiver and Medical Consent Form

My child, (name) _____, has my permission to participate in the Great Compassion Bodhi Prajna Temple's Youth Meditation Camp:

Dates: 01/04/2019 – 01/05/2019

Location: 19 Hidden Forest Drive, Stouffville , ON L4A 1Z5 , CANADA

1. I hereby release the Great Compassion Bodhi Prajna Temple and its associates (masters, staff members, teachers, and volunteers) from any liability, medical arising from the participation of the above activity.
2. I understand that the Great Compassion Bodhi Prajna Temple is not obligated to provide medical insurance for the participants and liability of accident, if it is incurred. The parent/guardian is responsible for ensuring that the child has enough insurance coverage for any medical accident.
3. In case of an emergency where medical assistance is required, camp staff will notify the undersigned at the contact number below when seeking aid. If the parent/guardian cannot be reached or there is no immediate response within two minutes, an action will be taken by the camp staff. In such case I shall waive all liability and claim against the Great Compassion Bodhi Prajna Temple and its associates for their handling of the emergency situation.

Name of Parent or Legal Guardian: _____
(Please Print)

Phone Number: (____) ____ - ____

Signature of Parent or Legal Guardian: _____ Date: _____

Permission to Photograph / Videotape

I acknowledge that in connection with the activities of the Great Compassion Bodhi Prajna Temple Youth Meditation Camp, opportunities may occur that my child will be photographed and/or videotaped.

_____ I hereby give permission to the Great Compassion Bodhi Prajna Temple to photograph and/or videotape my child. I understand that this photograph and/or videotape or portions thereof may be used for the Great Compassion Bodhi Prajna Temple's records and promotions and not for commercial purposes. I agree to allow my child to participate in these activities without financial remuneration, and I understand that this releases the GCBP from any future claims, as well as from any liability, arising from the use of the said photograph and/or videotape.

Name of Parent or Legal Guardian: _____

(Please Print)

Signature of Parent or Legal Guardian

Date

Name of the Child