



YOUTH SUMMIT **MONTÉE JEUNESSE**

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Youth Summit 2010 Adult Waiver

Waiver

Please date and sign this waiver.

If you are under 18, please find an alternative form for a legal guardian to sign at <http://www.youthsummit.ca/>

I consent to any medical treatment deemed necessary in any emergency during my stay at the Youth Summit. I agree on behalf of myself, or our heirs, successors, and assigns, to hold harmless and defend the Archdiocese of Ottawa, its officers and agents, chaperones, or representatives associated with the event, from any claim arising from or in connection with attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith.

I am aware photos will be taken and I give permission to the Archdiocese of Ottawa to use them for promotional purposes (if you would not like your photos to be used, please contact us at the contact information provided at the top of this sheet).

Name: _____
Please print clearly

Signature: _____ **Date:** ____ / ____ / ____
DD MM YY

Contact Us

We would be happy to clarify or answer any questions or concerns you have.

Please direct general inquiries about Youth Summit 2010 to the information at the top of this form.

Questions about this registration form or the registration process can be directed to registration@youthsummit.ca.