CITY OF FORT SASKATCHEWAN

Culture and Recreation Camp - Informed Consent/Waiver

Please submit this completed form two weeks prior to the registrants' first day to ensure program participation.

One waiver per registrant per session

Registrant Name _____
First Name Last name

Emergency Contact _____
First Name Last name Phone

_____
Email

What is the camp/program? ☐ **Theatre Programs** ☐ **L.I.T.**

Children's Summer Camps: ☐ **Kinder (3*-5)** ☐ **Discovery (6-11)** ☐ **One Day Only Camps (8-11)**
***Must be potty trained**

PERMISSIONS

Transportation

If my child/ward requires transportation during the camp or program, I grant permission to allow my child/ward to be transported by bus, public transportation or on foot to the program site or destination.

Medical Assistance

I hereby authorize the City of Fort Saskatchewan to secure medical advice and services as deemed necessary in the instances where all attempts to contact the parent or guardian have failed, for the health and safety of my child/ward or when the nature of the emergency allows insufficient time to contact such parent or guardian.

I agree to accept financial responsibility in excess of the benefits allowed by Provincial Health Care where: a) the health and well-being of my child/ward is involved and/or b) medical services has been such that further medical services are required; additional consent of the parent or guardian may be required.

Photographs ☐ **Yes** ☐ **No**

Photos taken by the City of Fort Saskatchewan may be used to promote City programs and services. This consent gives the City of Fort Saskatchewan the right to use these images in different media. These may include but are not limited to newspaper ads, brochures, newsletters and other print material and on the City's website. Though the images will be used only by the City of Fort Saskatchewan, the materials they are used in may be distributed elsewhere.

Note – Please be aware that the City neither supports nor discourages photos being taken by family or friends when they are visiting the class. The City requests that you respect the privacy rights of others, including the right of parents/guardian to refuse any picture taking of their children.

Prerequisites (if applicable) ☐ **Yes** ☐ **No**

My child/ward has met all of the prerequisites required for participation in the camp or program and will abide by its rules and regulations.

Independent sign in/out ☐ **Yes** ☐ **No**

My child/ward is over the age of 8 and is able to sign themselves in and out of program each day without a parent/guardian present.

Authorized parent/guardian pick up

Primary _____
First Name Last name Phone

Secondary _____
(if applicable) First Name Last name Phone

Swimming Level Completed (if applicable): _____

Swimming Comfortability (1= not comfortable, 5= very comfortable): ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

CITY OF FORT SASKATCHEWAN

Notes allergies, dietary concerns, medical notes, and other necessary information

Camp Locations

Theatre Programs	Dow Centennial Centre	Phone: 780-992-6400	Email: culture@fortsask.ca
Children's Summer Camps	Curling Club West Rivers Edge Dow Centennial Centre	Phone: 780-992-6246	Email: CPSSummer@fortsask.ca

DESCRIPTION OF RISK, RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNIFICATION

In consideration of the City of Fort Saskatchewan permitting my child/ward to participate in camp and programs offered by the City, I/we agree to use the facilities and participate in programs in compliance with all rules, regulations and policies as they may exist and change from time to time and I agree as follows:

I recognise, acknowledge, and am aware that participation in the program carries risk of personal injury. I understand that my child/ward will partake in a number of outdoor/indoor recreation activities. My child/ward is physically prepared to take part in these activities.

I hereby release and discharge the City of Fort Saskatchewan, its officers, agents employees, volunteers, sponsors and their respective heirs, executors, administrators, successors or assigns (collectively known as the "Releases") from any and all claims, demands, damages, costs, expenses, actions and causes of action, whether in law or equity, in respect of death, injury, loss or damage to my chid/ward person or property however caused, arising in any way connected with my child/wards participation in the program.

I further hereby undertake to hold and save harmless and agree to indemnify the Releases from any and all Liability (including legal fees) incurred by any or all of them arising as a result of, or in any way connected with my (or my child/charge's) participation in the program.

I have read the DESCRIPTION OF RISK, RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNIFICATION and fully understand its terms. I understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without inducement. I understand this document will be valid for the duration of the seasonal session i.e. summer and it is my responsibility to keep the City of Fort Saskatchewan aware of any changes.

Signed on this_____day of _____, 20 ____ at _____

Name of Parent/Guardian

Signature of Parent/Guardian

Name of Witness

Signature of Witness

This personal information is being collected under the authority of Section 33(c) of the *Freedom of Information and Protection of Privacy Act* and will be used to provide a record of participation and safety requirements of the Summer Programs. It is protected by the privacy provisions of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection, contact Legislative Services (FOIP Coordinator) for the City of Fort Saskatchewan at 780.992.6200

For Office Use Only

Please mark complete ✓ and fill in the information below

☐ Yes ☐ N/A

If the registrant is enrolled in **multiple programs**, photocopy and place a copy in the appropriate folders_____

Staff Name Location Date