

Recreation Services Summer Day Camp Wavier Form

Personal Information

Name of Child: _____ Date of Birth: _____

Address: _____ Town: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Camp Information

Mark all weeks you wish to register for:

Week 1: (July 5—9) ____ Week 2: (July 12—16) ____ Week 3: (July 19—23) ____ Week 4: (July 26—30) ____

Week 5 (August 3—6) : ____ Week 6: (August 9 — 13) ____ Week 7: (August 16—20) ____ Week 8: (August 23—27) ____

Medical Information

Alberta Health Care Number: _____

Please list **ANY** health conditions: such as allergies, diabetes, behavioural challenges, contagious ailments, etc.

Please be specific. _____

Please list **ANY** physical and/ or mental limitations that may prevent your child from taking part in activities.

In case of emergency please call:

Name: _____ Alternate Contact Name: _____

Phone Number: _____ Alternate Contact Number: _____

Will your child be walking home? Yes: ____ No: ____

Who **can** pick up your child? _____

Who **cannot** pick up your child? _____

In the event of an emergency, I authorize the Brooks Recreation Services Staff and volunteers to deliver medical attention and or treatment for my child.

Signature: _____

Date: _____

Payment Terms & Cancellation Policy

Payment must be made in full at the time of registration, through cash, credit card, debit, or personal cheque. A 20% administration fee shall be charged for all program cancellations. No refunds will be provided without 48 hours notice from the programs start. If your child(ren) becomes sick or symptomatic you WILL receive a PRORATED refund.

This information is being collected for the pursuant to section 33 of the *Freedom of Information and Protection of Privacy Act*, R.S.A. 2000 c. F-25 (FOIP) for the purposes of operating the City's Summer Day Camp and for the purpose of emergency situation. Please note that certain information, including but not limited to medical/ emergency information, may be disclosed in accordance with Section 40 of FOIP. If you have and questions about the collection and distribution of this information you may contact the City of Brooks, FOIP Coordinator at 403-362-3333.

**RELEASE OF LIABILITY, WAIVER OF CLAIMS,
ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT**

WARNING: By signing this document you will waive certain legal rights, including the right to sue.

This document is to be signed by the parent or guardian of a participant in order to participate in the Recreation Services Summer Day Camp and related activities.

I, _____, parent or guardian of _____ (the "Participant"), am aware that participation in the Recreation Services Summer Day Camp and related activities to be held in the City of Brooks involves inherent risks, dangers and hazards, involving all manner of injury or loss, including potentially serious life threatening injury and death, including but not limited to:

- (a) the use of equipment, materials or facilities related to the Recreation Services Summer Day Camp and related activities;
- (b) the actions or negligence of myself, my child or other participants in the Recreation Services Summer Day Camp and related activities;
- (c) the actions or negligence of the City of Brooks or its officers, employees, volunteers, agents or representatives of any kind; or
- (d) additional risks arising out of the Recreation Services Summer Day Camp and related activities

I, the undersigned parent or guardian of the Participant, freely accept and assume all such risks, dangers and hazards and the possibility of injury, death, property damage, property loss or any other loss or expense resulting to my child or myself.

I, the undersigned parent or guardian of the Participant, hereby agree as follows:

- (a) TO WAIVE ANY AND ALL CLAIMS of every nature and kind at law or equity or any statute that we have or may have in the future against the City of Brooks or its officers, employees, volunteers, agents or representatives of any kind (collectively referred to as the "City of Brooks");
- (b) TO RELEASE THE CITY OF BROOKS from any and all liability for injury, death, property damage, property loss or any other loss or expense that my child as a Participant or myself may suffer or that respective next of kin or legal representatives may suffer as a result of participation in any way in the Recreation Services Summer Day Camp and related activities, due to any cause whatsoever, including negligence on the part of the City of Brooks;
- (c) TO HOLD HARMLESS AND INDEMNIFY THE CITY OF BROOKS from any and all liability for injury, death, property damage, property loss or any other loss or expense to any third party or other financial loss or expense, including legal expenses and cost on a solicitor-and-his-own-client full indemnity basis, as a result of participation in any way in the Recreation Services Summer Day Camp and related activities; and
- (d) That this agreement will be effective and binding upon myself, my child, our heirs, next of kin, executors, admin-

I, the undersigned parent or guardian of the Participant, understand that the City of Brooks Summer Day Camp has a zero violence policy and any Participants that engage in behaviour that puts other Participants or Counsellors at risk may be asked to leave.

I, the undersigned parent or guardian of the Participant, hereby acknowledge that I have read the foregoing, and understand its content, import and meaning and hereby do approve and consent to the above. I hereby give permission

SIGNED at Brooks, Alberta this _____ day of _____, 2021

Parent/Guardian Name (Print): _____ Parent/Guardian Signature: _____

Witness: _____