

Community Futures Tawatinaw Region
10611 100 Ave, Westlock, AB T7P 2J4

This Form Is Fillable Online

Please Return Completed Form to

Email cftr.inf@telus.net

Phone 780-349-2903 Fax 780-349-6542

Contact Information:

Program name: BizKids Program date _____ Program Location: _____

Name of participant _____ Age _____

Address _____ Postal code _____

Name of parent/guardian _____ Phone _____ Alternate _____

Would you like to be contacted by this program area for future communications? (newsletter, special events, etc.)

no yes ► If yes, email address _____

Pick-up Information:

Please designate at least two emergency contacts that will be available during the program time and will be permitted to pick up your child.

Last name (if different from participant)	First name	Relationship to participant	Phone number (alternate)	Phone number (alternate)

Is the participant permitted to leave the program on their own? yes no

Comments _____

Initials _____

Medical Information:

Does the participant have any allergies or reactions to things such as insect stings or bites, hay fever, animals, specific drugs, grass, foods, etc.? Does the participant have any medical conditions that staff/contractors or volunteers should be aware of?

no yes ► If yes, identify the reaction or condition and treatment given if necessary

Comments _____

Initials _____

Collection and use of personal information

Personal information is collected under the authority of section 33(c) of the *Freedom of Information and Protection of Privacy Act* and will be used for managing and administering the Day Camps and Programs. Medical condition information may be disclosed to Emergency Services in case of an incident requiring their assistance. If you have any questions about the collection, use or disclosure of this information, contact the Manager, Community Futures Tawatinaw Region at 780-349-2903.

Initials _____

Day Camps and Programs - Information, Health, and Assumption of Risk

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Health Information

I agree that the health information completed is correct as far as I know.

I will ensure that the participant's gear and personal clothing is appropriate as deemed by the enclosed equipment/gear list.

I understand that every care and attention will be given to the health, safety and comfort of the participant in cases of illness or injury, but that Community Futures Tawatinaw Region cannot be held liable for any injuries sustained due to the participants' failure to take due care.

I hereby authorize the Program Leaders 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 the participant or when the nature of the emergency allows insufficient time to contact such parent or guardian.

I hereby give permission to the physician selected by Community Futures Tawatinaw Region to hospitalize, secure proper treatment, and to order injections, anesthesia or surgery for the participant.

I agree to accept financial responsibility in excess of the benefits allowed by Provincial Health Care where:

- the health and well-being of the participant is involved, and
- medical service has been such that further medical services are required, which need the consent of the parent or guardian.

I authorize Community Futures Tawatinaw Region to provide such medical care to the person listed above, as it may deem necessary in the event of injury or otherwise, and agree to pay for all expenses incurred thereby. In part consideration of Community Futures Tawatinaw Region permitting me or the person listed above to participate in activities of the BizKids or Youth in Business Program, I agree to release and discharge and to indemnify and save harmless Community Futures Tawatinaw Region from and against all claims or proceedings by whomsoever made or brought, in respect of any costs, losses, damage or injury arising by reason of my/their participation in such activities or by reason of the provision of medical care to me/them.

Initials _____

Disclaimer

Community Futures Tawatinaw Region and their directors, agents, officials, officers, employees, volunteers, contractors, servants or representatives are not responsible for any death, injury, loss or damage of any kind suffered by any person while participating in any Community Futures Tawatinaw Region program.

Initials _____

Description of Risks

In consideration of allowing me/my child to take part in a Community Futures Tawatinaw Region Program, I hereby acknowledge that I am aware of the risks associated with or related to the aforementioned program (including the **risk of severe or fatal injury** to myself or others). These risks include, but are not limited to:

- All manner of muscular injuries, bruises, scrapes, cuts, sprains, dislocations, broken bones, and head, facial or dental injuries which might result from an accident while participating in the specific activities of the registered programs.
- Injuries resulting from travel by motor vehicle and/or walking to, from and within Community Futures Tawatinaw Region programs;
- Any manner of injury or illness from insects, curious or aggressive wildlife, including but not limited to dogs, cats, mosquitos, snakes, ticks, cougars and other carnivores, and other domestic and wild animals;
- Minor scrapes, sprains, bruises and burns resulting from indoor and outdoor activities in general;
- Injuries resulting from failure of equipment;
- Death, injuries or illness resulting from failure to follow directions from instructors or those in charge of indoor and outdoor camps and programs, including those specifying: a) staying with the group at all times unless the instructor or those in charge are consulted and provide consent; and b) safe use of equipment;
- Medical problems arising before, during or after the trip; and
- Any injuries, illness or death resulting from unexpected acts of God.

Initials _____

Release of Liability

In consideration of Community Futures Tawatinaw Region permitting the participant/me to participate in camp and programs offered by Community Futures Tawatinaw Region, I/we agree only to use the facilities and participate in programs in compliance with all rules, regulations and policies as they may exist from time to time, and I agree as follows:

TO WAIVE ANY AND ALL CLAIMS that I/we have or may have in the future against Community Futures Tawatinaw Region, its Directors, officers, employees, agents, representatives, volunteers and other participants (all of whom are hereinafter collectively referred to as "the Releasees");

TO RELEASE THE RELEASEES from any and all liability for any loss, damage, injury or expense that I/we may suffer or that my next of kin or legal representatives may suffer as a result of my use of the equipment and participation in programs, due to any cause whatsoever.

TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES from any and all liability for any property damage, personal injury to any third party or other financial loss or expense, including legal expenses and costs on a solicitor-and-his-own-client full indemnity basis, resulting from the use of the equipment and participation in activities by the participant/me; and

THAT THIS AGREEMENT will be effective and binding upon my heirs, next of kin, executors, administrators and assigns in the event of my death.

I have read the Health Information, Release of Liability, Waiver of Claims, Assumption of Risks and Indemnification Agreement 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.

Initials _____

Please read the above statements carefully before signing.

Signed on this _____ day of _____, 20____ at _____.

Printed name of participant (parent/guardian if under 18)

Printed name of witness

Signature of participant/parent/guardian listed above

Signature of witness (Community Futures Tawatinaw Region Representative)

Day Camps and Programs - Information, Health, and Assumption of Risk

Program Specific Child Photo/Video Release

Program Name: BizKids 2017

Program Date(s): October 1, 2017 to December 31, 2017

Community Futures Tawatinaw Region would like to take pictures and/or videos of children enrolled in the above noted program for use in promotional materials.

We would like your consent to include your child's image in this project.

I am the legal guardian of the child/children listed below, and by signing this release hereby authorize Community Futures Tawatinaw Region and its agents to use my child's image in its public relations and communication materials. This consent is valid for any materials created for five years after date of signing. I realize that I may withdraw my consent in writing at any time by contacting the General Manager at 780-349-2903.

In giving my consent, I hereby release and hold harmless Community Futures Tawatinaw Region and their agents, employees, officials, representatives and contractors from any and all responsibility or liability for damage of any kind suffered in any manner whatsoever.

I hereby relinquish any and all personal or proprietary rights I may have in connection with such use. I understand that I will receive no compensation should my child's image be used.

Names of Participant: _____

Name of Legal Guardian: _____

E-mail Address: _____

Phone Number: _____

Date: _____ Signature: _____

Witness Name: _____

Date: _____ Signature: _____

Please Note: Community Futures Tawatinaw Region does not normally supervise or restrict members of the public from taking pictures of people participating in programs or classes; however we ask that you respect the privacy of other participants/family members by accepting their right to refuse to be photographed.

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 manage and administer Community Futures Tawatinaw Region's photo/video collection. If you have any questions regarding the collection, use or disclosure of this information contact the General Manager at 780-349-2903.