

Youth Participant Waiver and Photo Release

Must be completed in entirety prior to participation in any extended care or camp activity

Section I: Participant Information

Participant Name:
Participant Date of Birth:

Section II: Release of Liability

Please Read Carefully Before Signing on next page

1. The risk of serious injury and/or death from the activities involved in the Camp and Activities is significant and have higher risk during activities including but not limited to the following: (i) fieldtrip travel, (ii) swimming (iii) physical activities and games: While particular training, certifications, supervision, activity rules, and equipment checks may reduce this risk, the risk of serious injury does exist. _____ (Initial)
2. I certify and represent that my child/ward is physically capable of and able to participate the Camp and Activities and suffers from no existing medical or physical condition which could result in illness or injury from my child/ward or other children while participating in the Camp and Activities. _____ (Initial)
3. I acknowledge and am aware that it is my responsibility as the parent/guardian to ensure a qualified aide is provided at my expense if needed to ensure my child/ward has a safe and enjoyable experience while participating in the Camp and Activities. _____ (Initial)
4. I acknowledge and am aware that it is my responsibility as the parent/guardian to notify Town of Olds Family and Child Support Services staff if there are activities that my child/ward should not participate in. _____ (Initial)
5. I further certify and represent that on the date(s) of the activities, my child will be covered by medical/health insurance, individually or as part of an organization. _____ (Initial)
6. I consent to the administration of first aid and other medical treatment in the event of injury or illness to my child/ward in connection with participation in the activities and hereby release and indemnify The Town of Olds from any and all liability or claims arising out of such treatment. _____ (Initial)

7. *On behalf of myself and my guardian or ward, I knowingly, voluntarily and freely assume and accept all risks, both known and unknown, even if arising from the negligence of the releasees, as hereinafter defined, or others, and assume full responsibility for myself or my child's participation in the Camp and Activities. If, however, I observe an unusual and/or significant hazard during my presence at the Camp and Activities, I have the right to remove my child and understand there are no refunds or transfers of participation registration fees. _____ (Initial)*
8. *I, for myself and on behalf of my child/ward and our respective heirs, assign, personal representatives and/or next of kin, forever WAIVE, RELEASE, DISCHARGE, and COVENANT NOT TO SUE THE TOWN OF OLDS, and their officers, directors, supervisors, staff, agencies, sponsors, advertisers, volunteers, and if applicable, owners and lessors of the premises used to conduct the Camp and Activities (collectively, the "Releasees"), with respect to any suits, claims, or loss and all injury, disability, death, and/or loss or damage to personal property in connection with my child's/ward's participation in the event. I further agree to indemnify, defend and hold harmless Releasees from any loss liability, cost, claim or damages arising from my child's/ward's participation in or association with the Event. _____ (Initial)*

SECTION III: Photo Release Statement

I grant full permission without charge to The Town of Olds to use, reproduce and disseminate photographs, images, videotapes, recordings, or any other depiction or record of the Event which may include my child/ward for any legitimate purpose in perpetuity and understand that my child/ward and/or I shall not be entitled to any compensation therefore.

☐ Yes / ☐ No _____ (Initial)

SECTION IV: SIGNATURE

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AND IMAGE RELEASE AGREEMENT, AND FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY.

Date:
Printed Name of Participant:
Printed Name of Parent/Guardian:
Signature of Parent/Guardian: