

Cre8ive Ways - Camp Cre8 2018

PRINT Name of Child: _____

WAIVER of Liability, Assumption of Risk, Indemnification, Hold Harmless, Medical Treatment and Participation Consent Agreement

I/we, the parents/legal guardian of the above stated minor, understand the nature of camp, land and fitness activities of Cre8ive Ways (CW) at the Airdrie Nose Creek Valley Museum, 1701 Main St. S, Airdrie, and the nearby parks, and with full knowledge of the minor's experience and capabilities and believe the minor to be qualified to participate in every such activity, and agree that such participation may result in common minor events such as minor scrapes, bruises or sprains, serious events such as broken bones or concussion, or catastrophic events such as paralysis or death. I/we hereby give my/our approval for the minor to participate in any camp activities, including walking to and from activities, if applicable. I/we choose voluntarily to allow the minor to participate at and nearby parks and know of no medical reason why the minor should not participate. I/we hereby waive, release, absolve, indemnify and agree to hold harmless each of the Releasees (Cre8ive Ways, its administrators, directors, agents, owners, officers, and employees) from any claim rising out of injury to my/our child, from all liability, claims, demand, losses, or damages on the minor's account caused or alleged to be caused in whole or in part by the negligence or ordinary negligence of the Releasees or otherwise including causes by other camp participants, including bodily injury, personal injury, emotional distress, embarrassment, and negligent rescue operations, and further agree that if, despite this release, I/we the minor's parent/legal guardian, or anyone on the minor's behalf makes a claim against any of the Releases, I/we will indemnify, save and hold harmless each of the Releasees from any legal costs, court fees, investigation costs, litigation expenses, attorney fees, loss liability, damage or cause any may incur as the result of any such claim on behalf of the signer, spouse, parent, legal guardians, heirs, administrators and assigns.

I/we hereby agree that this WAIVER and Agreement shall be construed in accordance with the laws of the Alberta, and that any mediation, suit, claim, or other proceeding must be filed or entered into only in Alberta. I/we understand that this release and WAIVER stands for present and future participation at , and any portion of this document deemed unlawful, unenforceable or void is severable and shall be stricken without any effect on the enforceability of the remaining provisions.

I/we understand Releasees cannot be expected to control all of the risks articulated in this form and Releasees may need to respond to accidents and potential emergency situations. Therefore, I/we hereby give my consent for any medical treatment that may be required, as determined necessary, including first aid, CPR, and emergency transport, authorizes sharing of medical information with medical personnel, and assumes all costs involved with such treatment. I/we agree to indemnify and hold harmless Releasees for any costs incurred to treat and transport me/us/minor, even if Releasees has signed hospital documentation promising to pay for the treatment due to my inability to sign the documentation. I/we further agree to release, WAIVE, discharge, covenant not to sue, and agree to hold harmless for any and all purposes, Releasees from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney fees and expenses, that may be sustained by me/us/minor which receiving medical care or in deciding to seek medical care, including while traveling to and from a medical care facility, including injuries sustained as a result of sole, joint or concurrent negligence, negligence per se, statutory fault, or strict liability of Releasees. I/we agree to indemnify and hold harmless Releasees for injuries and damage caused by minor including harm to him/herself or others by bodily injury, personal injury, emotional distress, embarrassment, or to facilities of , caused or alleged to be caused in whole or in part by the negligence or ordinary negligence of the Releasees. I/we, furthermore, hereby agree to fully disclose to any minor's condition, special circumstances or needs including medical, emotional or behavioral, that will impact or endanger my child, staff, or other campers, PRIOR to the completion of camp registration, so that enrollment determination may be made. Payment of registration fees does not guarantee enrollment nor continued participation at.

I/we understand that complete camp policies and procedures, including rules, regulations, registration, fee and refund information and disciplinary guidelines are available by request.

I authorize the use of the above named child's photographic or video image in CW materials.

I/we understand that valuables are not to be brought to CW, and CW is not responsible or liable for the loss of any personal articles brought to camp whether damaged, stolen, lost or otherwise. (Electronics are permitted during breaks and lunch.)

In signing this agreement, I/we acknowledge and represent that I/we have read the foregoing Waiver of Liability, Assumption of Risk, Indemnification, Hold Harmless, Medical Consent and Participation Agreement, understand it and sign it voluntarily as my/our own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I/we are at least eighteen (18) years of age and fully competent; I/we have express legal authority, as parent and legally appointed guardian to execute this agreement, with or without a spouse or other legal parent or guardian, for and in the name of the above minor child; and I/we execute this agreement for full, adequate and complete consideration fully intending to be bound by same.

PRINT Parent(s) Name: _____

Parent(s) Signature: _____ **DATE:** _____

Emergency Contact and Medical information

M F

Child's Name

Age/Birthdate

Parent/Guardian Name

Parent/Guardian Name

Phone number

Phone number

Email address

email address (if different from first parent/guardian)

Address

Address (if different from first parent/guardian)

City, Prov, Postal Code

City, Prov, Postal Code

Alternative Emergency Contact

Primary Emergency Contact

Secondary Emergency Contact

Phone number

Phone number

Medical Information

Physicians name

Phone number

Alberta Health Care number

Allergies/Special Health considerations

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent or treatment. This waiver applies only in the event that neither parent nor guardian can be reached in the case of an emergency.

Parent/Guardian)

Date

I give permission for my child to go on field trips, I release Cre8ive Ways and individuals from liability in case of an accident during activities related to Cre8ive ways, as long as normal safety procedures have been taken.

Parent/Guardian)

Date