

Contact Information:

Program/School name _____ Program date _____

Name of participant _____ Age _____ M F Height _____ Weight _____

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 _____

Will the participant be using bus services provided by the Strathcona Wilderness Centre? yes no**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.?

 no yes ► If yes, identify the reaction and treatment given
_____Does the participant carry an epi-pen? no yes ► **If yes, please complete a severe allergy form.**

Does the participant have any medical conditions that may effect participation in the program (For example: asthma, epilepsy, chronic health conditions, dietary needs) and are there any social, emotional, behavioral, physical or learning needs we should be aware of?

 no yes ► If yes, specify the conditions and any special instructions or requirements for program modifications

Is there any medication, including non-prescription drugs that needs to be taken while in the program?

 no yes ► If yes, identify the type of medication, the times, and dosages required
_____**Medications must be clearly labeled and in original containers with instructions as to the dosage and when they must be taken. Please supply only enough for the days of the program. Please note that leaders/instructors are not permitted to administer medication, but can prompt when medication needs to be taken.****Other:**

If the participant is staying overnight, please check any conditions below that apply:

 bedwetting nightmares sleepwalkingProvide details on any items that were selected above.

_____For programs with a swimming component, please provide the participants swimming ability and/or level achieved

_____**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 and Overnight 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, Central Services, Recreation, Parks and Culture, Strathcona County at 780-467-2211.

Day and Overnight 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 grant permission to allow the participant to be transported by bus or van to the program site or destination.

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 Strathcona County Recreation, Parks and Culture 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 Strathcona County 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 Strathcona County 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 Strathcona County permitting me or the person listed above to participate in activities of the Recreation, Parks and Culture Department, I agree to release and discharge and to indemnify and save harmless Strathcona County 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

Strathcona County 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 Strathcona County program.

Initials _____

Description of Risks

In consideration of allowing me/my child to take part in a Strathcona County 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 which may include swimming, biking, skateboarding, climbing, camping, stage/theatrical activities, cycling and/or back country bike touring, hiking, snow games, cross country skiing, snowshoeing, orienteering, geo-caching, outdoor skills, environmental education programs, canoeing, kayaking and other watercraft, sports or games; including the risk of drowning;
- Injuries resulting from travel by motor vehicle and/or walking to, from and within Strathcona County programs;
- Extreme changes in weather or temperatures which may result in heat-stroke, sunstroke, sunburns, frostbite or hypothermia;
- 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;
- Remoteness of location(s) with poor communication & inability to get rescue or medical assistance quickly or easily;
- Cuts, abrasion, rope burns and other injuries resulting from indoor and outdoor activities, including but not limited to biking, skateboarding, swimming, climbing, camping, stage/theatrical activities, sports or games, rock climbing, belaying, rappelling, rescue systems and any other rope techniques;
- 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 Strathcona County permitting the participant/me to participate in camp and programs offered by Strathcona County Recreation, Parks and Culture, 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 Strathcona County, its Councillors, 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 (Strathcona County Representative)

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Program Specific Child Photo/Video Release

Program Name: _____

Program Date(s): _____

Strathcona County 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 Strathcona County 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 Communication Administration at 780-410-6595.

In giving my consent, I hereby release and hold harmless Strathcona County 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: Strathcona County 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.

Internal use only

Brief Description of Subject(s): _____

Other information: _____

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 Strathcona County's photo/video collection. If you have any questions regarding the collection, use or disclosure of this information contact the Communications Director at 780-400-2177.

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