

R.W Tegler Youth Centre Waiver

2009/2010

IN CONSIDERATION of allowing my minor child/ward to participate in all the activities (including Skateboarding and Wall Climbing) and events related to the R.W Tegler Youth Centre.

I WARRANT TO YOU THAT:

1. I am parent/guardian having full legal responsibility for my minor child/ward.
2. I am familiar with the risk of serious injury and death which any participant doing Skateboarding/Wall Climbing and all other activities, must assume.
3. I believe that my minor child/ward is physically, emotionally and mentally able to participate in Skateboarding/Wall Climbing, and all other activities, and that his/her equipment (in the event that child/ward supply own equipment) is fit for use in these activities.
4. I understand, and will instruct my minor child/ward, that all applicable rules for participation must be followed and that at all times the sole responsibility for personal safety remains with my minor child/ward. (in the event a child is breaking the rules and/or putting another child/youth 's safety at risk the individual in charge reserves the right to remove the disrupting child from the program immediately, permanently of deemed necessary.
5. I will immediately remove my minor child/ward from participation, and notify the nearest official, if at anytime I sense or observe any unusual or unsafe condition or if i feel that my minor child/ward has experienced any deterioration in his/her physical, emotional or mental fitness for continued participation in Skateboarding/ Wall Climbing and all other activities.

I UNDERSTAND AND AGREE, on behalf of my minor child/ward, myself, my heirs, assigns personal representative and next of kin, that my execution of this document constitutes:

1. An unqualified **ASSUMPTION OF ALL RISKS**, associated with the participation in Skateboarding/Wall Climbing and all other activities, by my minor child/ward even if arising from negligence, or gross negligence, including and compounding or aggravation of injuries caused by negligent rescue operation or procedures, of the Skateboarding/Wall Climbing and all other activities, organizer and any persons associated therewith of participating therein.
2. a **FULL AND FINAL RELEAS AND WAIVER OR LIABILITY** of Skateboarding/ Wall Climbing and all other activities organizer and all persons and organizations associated with Skateboarding/Wall Climbing and all other activities, including, without limiting the generality of forgoing, its officers, directors, officials, agents and/or employees, other participants, sponsors, advertisers, owners and/or leasers of the premises used to conduct Skateboarding/Wall Climbing and all other activities, sanctioning bodies, medical personal (the **RELEASEES**), of and from with the respect to all injury, disability, death or loss or damage to person or property whether arising from the negligence, or negligent rescue of or by the forgoing otherwise.
3. I am **UNDERSTANDING NOT TO SUE the RELEASEES** for any loss, injury, costs or damages of any form or type, howsoever caused or arising, and whether directly or indirectly from the participation of my minor child/ward in Skateboarding/ Wall Climbing and all other activities.
4. I am in **AGREEMENT TO INSURE**, and to **SAVE** and **HOLD HARMLESS** the **RELEASEES**, and each of them, from litigation expense, legal fees, liability, damage, award or cost, of any form or type whatsoever, they may incur, due to any claim made against them or any one of them whether the claim is based on the negligence or the gross negligence of the **RELEASEES** or otherwise.

I HAVE READ THE DOCUMENT THOROUGHLY. WHERE I DEEMED IT TO BE UNCLEAR I SAUGHT CLARIFICATION. I UNDERSTAND THAT THE RELEASEES ARE RELYING UPON MY WARRANTIES, ASSUMPTIONS, WAIVER AND RELEASE, UNDERTAKINGS AND AGREEMENTS WHEN ACCEPTING MY MINOR CHILD'S/WARD'S PARTICIPATION IN SKATEBOARDING/ WALL CLIMBING, KIDS IN ACTION, AND ALL OTHER ACTIVITIES.

I SIGN THIS DOCUMENT VOLUNTARILY AND WITHOUT INDUCEMENT

Legal Guardian	Printed Name
Signature of Witness	Printed name of Witness
Date D/M/Y	

I GIVE PERMISSION FOR ANY PICTURES/VIDEO OF MY MINOR CHILD/ WARD TAKEN WHILE ATTENDING R.W TEGLER/ KIDS IN ACTION PROGRAM TO BE USED FOR PROMOTIONAL PURPOSES: YES NO

Participant Name: _____

Date of Birth (D/M/Y): _____

Address: _____

City: _____ Postal Code: _____

Alberta Health Care #: _____

Legal Guardian Home Phone: _____

Work Phone: _____

Cell Phone: _____

Emergency Contact Name: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____