

# CHILDREN/YOUTH PROGRAMS

## Release Waiver



**P.O. Box 1260, Banff, Alberta T1L 1A1**

**[www.banff.ca](http://www.banff.ca)**

IN CONSIDERATION of my being permitted to participate in the Children and Youth Programs, I hereby accept all of the inherent risks associated with such participation including the possibility of personal injury, death and property damage, or other loss. I HEREBY waive any and all claims I may have against, and release from all liability and agree not to sue the Town of Banff, its employees, agents or representatives for any personal injury, death, property damage or loss sustained by me or my child as a result of such participation, including, without limitation, negligence on the part of the Town of Banff, its agents and employees. I CONFIRM that I have read and understood this Release prior to signing it and agree that this Release shall be binding upon my heirs, next of kin, executors, administrators and personal representatives.

### **PHOTO RELEASE PERMISSION:**

This waiver allows for the use of photo likenesses of your child to be used in community publications. I give permission for photos of my child to be published.  Yes  No

### **SUNSCREEN APPLICATION PERMISSION:**

This waiver allows for the application of sunscreen to my child, consistent to the procedures outlined in the Town of Banff Health Policy for Children & Youth Programs. I give permission for sunscreen to be applied to my child.  Yes  No

### **COMMUNICATION PERMISSION:**

I, give permission to Town of Banff Children and Youth Programs to consult with the Banff Elementary School, the Banff Community High School, and Right from the Start regarding my child's care. Information will be shared regarding your child's attendance, participation and program progress. This communication between organizations helps to provide quality care that is in the best interest of the child. Information will only be shared on a need to know basis and occurs in accordance with FOIP (Freedom of Information and Protection of Privacy Act). Confidentiality of this information is respected at all times.

Yes  No

### **SPECIAL EQUIPMENT & CIRCUMSTANCE PERMISSION:**

This waiver allows for my child to participate in activities and use equipment involved in outdoor education and wilderness survival skills. I acknowledge and understand this may include the use of sharp knives, matches, lighters, fire and flammable materials.  Yes  No

**EXCURSION PERMISSION:**

I give my child permission to walk to, and participate in all activities, field trips, workshops and off site excursions in the general area surrounding the program location while accompanied by a minimum of 1 staff.  Yes  No

**MEDICATION ADMINISTRATION PERMISSION: (if applicable)**

I, give permission for my child, \_\_\_\_\_ to carry his/her own medication(s) \_\_\_\_\_ & \_\_\_\_\_ (name of medication(s)) and program staff to supervise the administration of this medication during program hours.

Yes  No

I have completed a detailed Medication Consent Form for the medication(s) described above.

Yes  No

**TOWN OF BANFF PROGRAM INFORMATION DISTRIBUTION PERMISSION:**

I, give consent to receive further information by email regarding Town of Banff Children & Youth Programs.  Yes  No

**PARENT & PARTICIPANT PROGRAM HANDBOOK:**

I understand it is my responsibility to read the Parent & Participant Program Handbook prior to the start of my child/youth's participation in the registered program.  Yes

**Child's Name (please print):** \_\_\_\_\_

**Parent/Guardians Name (please print):** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_