

**PROGRAM PARTICIPATION (Minors)**

**INFORMED CONSENT & INDEMNITY AGREEMENT**

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| **WARNING!** ***By signing this form you waive certain legal rights, including the right to sue.*** **PLEASE READ CAREFULLY BEFORE SIGNING.** |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of participant) (“the Child”) wishes to participate in the City of Leduc’s \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of Program) (the “Program”).

**DISCLAIMER**

The City of Leduc, its officers, employees, agents, contractors and volunteers (collectively “the City”) are not responsible for any injury, loss or damages of any kind sustained by any person while participating in the Program.

**ASSUMPTION OF RISK**

I acknowledge, understand and agree that there are risks associated with the Child’s participation in the Program, some being inherent in the nature of the Program, some resulting from human error and negligence on the part of the persons preparing, organizing and leading the Program, some being foreseeable, and others not. I understand that these risks may cause damage or loss of personal property, personal injury or even death.

**I freely accept and fully assume all such risks of the Child participating in the Program and the possibility of personal injury, permanent disability, death, property damage or loss resulting therefrom.**

**INSURANCE**

I acknowledge, understand and agree that I am solely responsible for obtaining adequate medical/health insurance for the Child and that no such insurance will be provided by the City. The City accepts no responsibility for costs associated with a medical/health problem, nor will the City pay for any related medical/health expenses.

**MEDICAL CARE**

I hereby authorize the City to secure medical advice and services as deemed necessary in the instances where all attempts to contact the parent/guardian have failed, for the health and safety of the Child or when the nature of the emergency allows insufficient time to contact such parent/guardian.

I agree to accept financial responsibility in excess of the benefits allowed by Provincial Health Care where the health and well-being of the Child is involved, and medical service has been such that further medical services are required, which require the consent of the parent/guardian.

I authorize the City to obtain such medical care for the Child, as it may deem necessary in the event of injury or otherwise, and agree to pay for all expenses incurred.

**WAIVER AND INDEMNITY**

As a condition of the Child’s participation in the Program, I agree to release and discharge and to indemnify and save harmless the City 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 the Child’s participation in the Program or related activities or by reason of the provision of medical care to the Child notwithstanding that any such loss, injury or damage, including death, may have arisen by reason of negligence, breach of contract, or breach of any statutory or other duty of care, including any duty of care owed under the Occupiers’ Liability Act on the part of the City.

**FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY (“FOIPP”) ACT**

By signing below, I consent to having the information in this Agreement collected by the City. The personal information requested on this document is collected under the authority of Section 33(c) of the FOIPP Act to determine participation in City programs and activities. Personal information is protected under the FOIPP Act. Questions regarding the collection of this personal information may be directed to the City’s Information & Privacy Officer at (780) 980-7177.

**ACKNOWLEDGEMENT**

**I HAVE READ AND UNDERSTOOD THIS AGREEMENT** and I am aware that by signing this Agreement I am **WAIVING CERTAIN LEGAL RIGHTS**, which I or my heirs, assigns, personal representatives and next of kin may have against the City and that by signing I give permission for the Child to attend the Program.

Signed this \_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_, at Leduc, Alberta.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Printed Name of Parent/Guardian Printed Name of Witness*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature of Parent/Guardian Signature of Witness*

***This Agreement must be completed in full (signed, dated and witnessed) by a parent/guardian before the Child may begin a City Program.***

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Note: Document must be copied to a single page back to back when used.

**Revised September 2008 2008CS-030R1**