

Recreation, Parks & Culture, 2025 Oak Street, Sherwood Park, AB  
 Mail: Recreation Administration Office, 2001 Sherwood Drive, Sherwood Park, AB T8A 3W7

**Phone 780-467-2211 Fax 780-449-1906**

**Contact Information:**

Program: \_\_\_\_\_ Program Date: \_\_\_\_\_

Name of Participant: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Primary Parental/Guardian Contact Name and Phone Number: \_\_\_\_\_

Secondary Parental/Guardian Contact Name and Number: \_\_\_\_\_

Emergency Contact #1: Name and Number: \_\_\_\_\_

Emergency Contact #2: Name and Number: \_\_\_\_\_

Indicate your preferred form of contact for this program (i.e., name / email address / text / telephone): \_\_\_\_\_

**Participant Pick-up Information:**

Designate at least two contacts that will be available during the program time and are authorized by the Participant's parents and / or guardians to pick up the Participant:

Last name	First name	Relationship to participant	Phone number	Phone number (alternate)

Is the Participant permitted to leave the Program on their own?  No  Yes

Comments \_\_\_\_\_

Will the participant be using Program transportation services to travel to and from the Program (if available)?  No  Yes

**Medical Information:**

Does the participant have any dietary restrictions?

No  Yes ► If yes, list the dietary restrictions: \_\_\_\_\_

Does the participant have any allergies?

No  Yes ► If yes, identify the reaction and the form of treatment approved by the Participant's parent(s) / guardian(s), if required: \_\_\_\_\_

Does the Participant carry an epi-pen?  No  Yes ► **If yes, complete a [severe allergy form](#).**

Does the Participant have any conditions that could impact participation in the Program?

No  Yes ► If yes, specify the condition(s) and any restrictions on participation in the Program.

Will the Participant be required to consume medication during the Program?

No  Yes ► If yes, identify the type of medication, the times, and dosages that are required:

**NOTE: Medications must be clearly labeled and in original containers with instructions as to the dosage and when they must be taken. Supply only enough for the time or days of the program. The County will inform the Participant when the label indicates that medication is to be taken. Note that leaders/instructors or other personnel are not permitted to administer medications.**

**Other:**

List any additional information about your child that would be useful for our staff to know for an overnight camp, such as fears, sleeping habits, special routines, or anything else that can help our staff make your child feel more comfortable.

What is the participant's swimming ability and/or what formal swimming levels has the participant successfully completed?

**CONSENT**

I / WE, \_\_\_\_\_

of \_\_\_\_\_ aged \_\_\_\_\_ a minor (the “Participant”), in consideration of the Participant being allowed to participate in County operated Camps and Programs (the “Program”), and on behalf of Participant who is a minor, I/WE consent to the following as indicated by my/our initials:

Item	Initials
1. The County may transport the Participant by bus, motor vehicle or other transportation conveyance to and from the location where the Program and programs relating to the Program are taking place.	
2. The County may permit the Participant to leave the Program on his or her own initiative.	
3. The County may permit the Participant to take public transportation service to or from the Program and for travel as required for related programs.	
4. The County may in the event of an apparent medical emergency when medical personnel are unable to secure direction from the Participant’s parent(s) and / or guardian(s) indicated on this form, authorize for the Participant immediate medically necessary care recommended by medical personnel.	
5. The County may in the event of an apparent medical emergency arrange for and authorize ambulance transportation for the Participant, and the parent(s) / guardian(s) of the Participant will be solely responsible for any costs associated with ambulance services.	
6. The County may, only as strictly necessary for the Participant’s participation in the Program, share the Participant’s personal information including medical information with Program staff.	

**ACKNOWLEDGEMENT OF RISKS, RELEASE AND INDEMNITY**

I/WE, on behalf of ourselves, the Participant, and our respective heirs, successors and assigns, acknowledge that participation at Program, including transportation, activities and programs related to the Program, including but not limited to swimming, canoeing, hiking, participation in fires, constructing items, fishing, sports, tenting, consumption of food and drink offered by the Program or other participants, engaging with horses and other animals, have known and unknown inherent risks, that could result in loss and damage to the Participant’s person or property in the Participant’s possession, including illness and physical and mental injuries up to and including, without limitation, significant life altering harm and permanent disabilities, significant brain injuries and death, and the Participant’s parent(s) and / or guardian(s), on behalf of, and in consideration of the Participant being allowed to participate in the Program, including transportation and activities related thereto, agree to all of the following:

Item	Initials
1. <b>WAIVE</b> any and all claims, actions, suits or proceedings of any kind or nature that could otherwise be brought or instituted against the County, or its elected officials, directors, officers, employees, contractors, sub-contractors, volunteers, students or other representatives (hereafter collectively referred to as the “County”).	
2. <b>VOLUNTARILY ASSUME</b> responsibility for any and all losses, damages, expenses or costs of any kind arising out of, or related to, the Participant’s participation in the Program, including transportation and activities relating thereto.	
3. <b>RELEASE</b> the County from any and all liability for any losses, damages, injuries, costs or expenses, including actual legal fees and related legal costs on a solicitor and own client basis, that I/WE or the Participant, or those claiming through us or the Participant, might otherwise have had or been able to pursue, but for this Release.	
4. <b>HOLD HARMLESS AND FULLY INDEMNIFY</b> the County from any and all liability for property damage or personal injury to the Participant or third parties for any and all losses, costs or expenses of any kind or nature, including actual legal fees and related legal costs on a solicitor and own client basis, arising from, or related to the Participant’s participation in the Program, including transportation and activities related thereto.	

I / WE \_\_\_\_\_

confirm that I / WE is/are the Participant’s parent(s) and / or guardian(s) with authority to approve the Participant’s participation in the Program, confirm that I/WE have read and understood this Consent, Release and Indemnity form, and I understand that I / WE may seek independent legal advice about this form, and that I / WE are is/am under no legal obligation to allow the Participant to participate in the Program to which this Release and Indemnity relate , and I acknowledge that I / WE are giving up significant legal rights as a condition to allowing the Participant to participate in the Program, and I / WE sign this document freely and voluntarily of my / our own will, without any inducement.

**Signed, Sealed and Delivered**, by the participant’s parent(s) and / or guardian(s) at the \_\_\_\_\_ of \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ before the following witness(es).

PER:	PER:
Signature	Signature of Witness
Name and Relationship to Participant	Name and Address of Witness