

**Contact information:**

Program \_\_\_\_\_ Program date \_\_\_\_\_

Name of participant \_\_\_\_\_ Age \_\_\_\_\_

Primary parental/guardian contact name and phone number \_\_\_\_\_

Secondary parental/guardian contact name and number \_\_\_\_\_

Alternate contact #1: name and number \_\_\_\_\_

Alternate contact #2: name and number \_\_\_\_\_

**Additional pick-up information:**

List any extra contacts authorized to pick up the participant during the program, aside from the parent/guardian or previously mentioned alternates.

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

 Is the Participant permitted to sign out of 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 an [Epi-Pen Consent Form](#).**

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 individually packaged. 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 the other personnel are not permitted to administer medications.**

**Other:**

To help us understand your child, please list any additional information that can assist our staff to ensure your child is successful at our programs. This could be daytime or overnight applicable.

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

**CONSENT**

I / WE, \_\_\_\_\_, consent for the participant to take part in County camps and programs, and to the following as indicated by my/our initials:

Item	Initials
1. The County may transport participants by bus (charter) to or from the program, and for travel related to the program.	
2. 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.	
3. 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.	
4. 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 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 \_\_\_\_\_ 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.

Please read the above statements carefully before signing.

Signed on \_\_\_\_\_ before the following witness(es).  
(yyyy-mm-dd)

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

**Collection and use of personal information**

Personal information is collected in accordance with s. 33(c) of the *Freedom of Information and Protection of Privacy Act* and will be used in the management and administration of Strathcona County camps and programs. Information collected on this form may be disclosed to first responders in the event of an emergency. If you have any questions about the collection, use or disclosure of your information, please contact our Outdoor Recreation Programmer at 780-922-3939.