



## **PARENTAL WAIVER – ADULT PROGRAM**

*\* Must be 15 years of age or older to participate in the Adult Program\**

In signing this form, I, Parent/ Guardian state that my child's participation in the program/event is at his/her/their own risk. I hereby waive any and all rights and claims arising from any cause what-so-ever, which I have or may have against The Corporation of the City of Dawson Creek, Community Services, or their respective employees and members. For all injury or loss including personal and property loss arising from any cause what so ever, suffered by me prior to, during or after the program/event. I hereby release the Corporation of the City of Dawson Creek, Community Services, and their respective employees and members from any and all liability for damages sustained due to, or as a result of my child's participation in this program.

Program Name: \_\_\_\_\_

I acknowledge that it is my responsibility to advise the City of any medical or other conditions which may affect my child's participation in the Program and have listed them below.

**Medical Conditions** (eg. asthma) \_\_\_\_\_

**Medications** \_\_\_\_\_

**Allergies** (food, medications, bees, etc) \_\_\_\_\_

**Other** \_\_\_\_\_

In the event that my child requires medical attention, I consent to my child being transported to the nearest emergency centre, including by ambulance if necessary.

I have read this Consent Form and understand and accept its terms.

\_\_\_\_\_  
Parent's Name (print)

\_\_\_\_\_  
Participants Name (print)

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Participant's Date of Birth

\_\_\_\_\_  
Date

### **Emergency Contact Information**

### **Alternate contact (optional):**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Contact Number

\_\_\_\_\_  
Contact Number