

2019 St Albert Springtime Soapbox Derby

Sunday, June 16, 2019

INFORMED CONSENT / PERMISSION TO PARTICIPATE

WARNING! PLEASE READ CAREFULLY!

(MUST PRINT)

PARTICIPANT: _____ BIRTH DATE: _____

ADDRESS: _____ CITY: _____ P/C: _____

PARENT/LEGAL GUARDIAN: _____ PHONE #(s): _____

EMERGENCY CONTACT: _____ PHONE #(s): _____

DISCLAIMER –Rock 'N August, Jukebox Saturday Night Association, their agents, volunteers, or representatives (hereafter referred to as the "Organizers") are not responsible for injury, loss or damage of any kind, including death suffered by any participant in the 2019 St Albert Springtime Soapbox Derby (hereafter referred to as the "Event"), unless caused by the gross negligence of the Organizers.

Initials: _____

DESCRIPTION OF RISKS -I acknowledge that I am aware of the possible RISKS, DANGERS AND HAZARDS to my child. Injuries may occur while participating in the Event and these risks include but are not limited to:

- a) All manner muscular injuries and/or soft tissue injuries including bruises, scrapes, cuts, etc.;
- b) All manner of neck, head, facial, eye and/or dental injuries;
- c) All manner of breaks, sprains, strains;
- d) Loss or damage of personal property

The risk of sustaining these types of injuries results from the nature of the activity and can occur without any fault of the participant, the Organizers, or the facility where the activity is taking place. The chance of an injury occurring can be reduced by carefully following instructions at all times. By choosing to take part in the **Event**, you and your child are accepting the risk of an injury.

Initials: _____

MEDICAL/HEALTH & LIABILITY INSURANCE -I AM SOLELY RESPONSIBLE to select and purchase adequate medical/health insurance for my child. The Organization accepts no responsibility for any costs or expenses associated with a medical/health problem which may be incurred by my child while participating in the Event.

Initials: _____

ACKNOWLEDGEMENT: I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THIS AGREEMENT and that I have executed this agreement voluntarily.

SIGNED THIS _____ day of _____, 2018, at _____, Alberta.

Printed Name of **Parent/Guardian**

Printed Name of **Participant**

Signature of **Parent/Guardian**

The information on this form is collected by Rock 'N August for the purpose of program registration and information. The use, retention and/or disclosure of such information shall be in strict compliance with the Freedom of Information and Protection of Privacy Act (and any other legislation governing the use and disclosure of information).