

CITY OF CALGARY
COMMUNITY & NEIGHBOURHOOD SERVICES, South Area #100

PARTICIPANT RISK ACKNOWLEDGEMENT, RELEASE, WAIVER OR CLAIM AND ASSUMPTION OF RISK FOR PROGRAMS WITH AN ELEMENT OF HIGH RISK

*Read this document thoroughly before you sign.
Please bring this document to the first class and give it to your Program Instructor.
It must be signed and dated in order for you to participate.*

In consideration of my (child's) participation in Go Skateboarding Day at Shaw Millennium Park on June 21st, 2010.

I agree and acknowledge that:

1. I have met all of the prerequisites required for participation in the program.
2. I will abide by the rules and regulations imposed on participants in the program.
3. I freely and voluntarily acknowledge and assume any and all risks and hazards inherent in the program (including personal injury or property loss), and accordingly my participation in the program is entirely at my own risk.
4. I waive any claim I may have against The City arising from my participation in the program and I will indemnify and save harmless The City, its employees and agents for any claim, except negligence on the part of The City, its employees and agents.
5. I agree that by signing this Risk Acknowledgement, Release, Waiver of Claim and Assumption of Risk as a parent or guardian of someone who is under the age of 18 years, I acknowledge that there are risks and hazards inherent in the program to which I am willing to expose my child or charge and I will pay for any costs incurred by The City, its employees or agents should a suit be launched on my child's or charges behalf.
6. The City may secure such medical advice and services as it, in its sole discretion, may deem necessary for such advice and services.
7. I have **CAREFULLY READ** the Participant Risk Acknowledgement, Release, Waiver of Claim and Assumption of Risk fully understand it and am freely signing it.

I am prepared to grant The City permission to use, for promotional purposes only, any photographs taken of the participant registered in The Program. Yes No

I live in the _____ community area.

Dated at Calgary, Alberta this _____ day of _____ 2010 .

Witness	<input checked="" type="checkbox"/>	Signature of Participant	Surname (Please Print)	First Name (Please Print)	Age
Witness	<input checked="" type="checkbox"/>	Signature of Parent or Guardian (if participant is under 18)	Surname (Please Print)	First Name (Please Print)	
	<input checked="" type="checkbox"/>	Parent/Guardian Contact Phone # for verification or emergencies	Home #	Work #	