

Drumheller Youth Program 2023 Annual Parent/Guardian Consent Form

Participants' Name: _____ **Today's Date DD/MM/YYYY:** _____

I Warrant to You That:

- I am the parent/guardian having full legal responsibility for my minor child/ward.
- I am familiar with the Drumheller Youth Program, and its components, and feel my child/ward can positively participate.
- I am aware of the risk of injury up to and including death, that may result from my child participating in the Drumheller Youth Program and its activities.
- My minor child/ward is physically, emotionally, and mentally able to participate in program activities, and that his/her equipment (in the event that child/ward supply own equipment) is fit for use in these activities.
- I understand, and will instruct my minor child/ward, that all applicable rules for participation must be followed and that at all times the sole responsibility for personal safety remains with my minor child/ward. (In the event a child/ward is breaking the rules and/or putting another person's safety at risk the individual in charge reserves the right to remove the disrupting child from the program immediately, permanently, if deemed necessary.)
- I will immediately remove my minor child/ward from participation, and notify the nearest official, if at any time I sense or observe any unusual or unsafe condition or if I feel that my minor child/ward has experienced any deterioration in his/her physical, emotional or mental fitness for continued participation in program activities.

Release and Waiver of Liability Agreement

In providing my consent below I forever release The Drumheller Youth Program (DYP), The Town of Drumheller (TD), Drumheller Valley FCSS (DVFCSS), Drumheller & Area Asset Development Coalition (ASSET), their agents, officers, volunteers or employees from any and all claims resulting from damage to or loss of property, personal injuries sustained, or death resulting from participating in Drumheller Youth Program activities, programs and transport to and from these activities, including any damages or injuries resulting from acts of negligence of the DYP, TD, DVFCSS, ASSET, their employees, agents, officers, and volunteers for any and all programs or activities during the calendar year signed. This waiver shall be binding upon my heirs, executors, and personal representatives. I also acknowledge that any personal information collected during these activities or programs is collected under the authority of Section 32C of the Freedom of Information and Protection of Privacy Act. If you have concerns about the collection of information, please contact the FOIP Coordinator at CAO@drumheller.ca or by phone at 403-823-1339.

By signing this form, I give the following additional consents to the Drumheller Youth Program (hereafter referred to as the Program):

- I understand photographs, audio and videos will be taken of my child/ward while engaged in programming, to be used by the TD, DVFCSS and ASSET to promote the Program in print media, on display boards, social media, and on our websites unless the box below is checked.
 I do NOT give my permission for images, audio and video to be used by the TD, DVFCSS and ASSET to promote the Program in print media, on display boards, social media, and on our websites.
- I understand that in the past, representatives from the local media have been present during the activities and have taken photographs, audio and video of participants.
- I authorize the Program to contact my child/ward to participate in surveys that are periodically conducted to gain insight and feedback to allow the Program to grow.
- I authorize representatives of the Program to contact my child/ward via email, phone, text, social media platforms (e.g., Facebook, Instagram, Snapchat) for the purposes of reminders/updates/clarification for upcoming events they are participating in, or missing from if

registered, future opportunities, a sudden emergency, emergent issue or cancellation, or to notify of an award issued or competition result.

- I authorize my youth to volunteer with DYP, if under the age of 18. If 18 years of age or older, volunteer opportunities are available based on successful completion of the volunteer application process and onboard training. Contact email below for more details.
- I understand that where my child/ward has indicated that they are in need of support (e.g., Counselling, employment support, homework help, etc.) the Program will direct my child/ward to the relevant services to meet these needs.
- I understand that **First Aid will be available on-site and medical and/or hospital care will be provided in case of serious illness or injury.** I understand that if serious illness or injury occurs the emergency contact(s) listed below will be notified. If it is impossible to reach the emergency contact(s), I give my permission for emergency treatment as recommended by the attending physician.

Consent is valid for the calendar year signed unless revoked in writing by the undersigned.

I HAVE READ THE DOCUMENT THOROUGHLY. WHERE I DEEMED IT TO BE UNCLEAR, I SOUGHT CLARIFICATION. I UNDERSTAND THAT THE RELEASEES ARE RELYING UPON MY WARRANTIES, ASSUMPTIONS, WAIVER AND RELEASE, UNDERTAKINGS AND AGREEMENTS WHEN ACCEPTING MY MINOR CHILD/WARD'S PARTICIPATION IN PROGRAMMING.

	<input type="checkbox"/> Is the participant 17 or younger ? (if 17 years of age or younger, legal guardian must print and sign the name below.) <input type="checkbox"/> Is the participant 18 or older ? (if 18 years of age or older, participant must print and sign the name below.)
Legal Guardian's Full Name (or participant name if 18+): _____	Signature of Legal Guardian: _____

Emergency Contacts: *One emergency contact is required; optional secondary contact information is encouraged.*

	Name:	Relationship:	Phone Number:	Email Address
1				
2				

Additional Information

Home Address:	
Which community do you live in:	
<input type="checkbox"/> Drumheller <input type="checkbox"/> Starland County <input type="checkbox"/> Wheatland County <input type="checkbox"/> Kneehill County <input type="checkbox"/> Hanna <input type="checkbox"/> Special Areas <input type="checkbox"/> Other (please specify) _____	
Dietary Restrictions, if any:	
Allergies/medical Conditions, if any:	
Child/Ward Email (optional):	Child/Ward Number (optional):