

# 19 Wing Fitness & Community Centre Program/Event Participant Information Form

\*All information is required.



## PARTICIPANT INFORMATION

First and Last Name: \_\_\_\_\_ Goes by: \_\_\_\_\_  
Street Address \_\_\_\_\_ Prov: BC City: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender : F M U  
Month Day Year (for medical reference only)

## PARENT/GUARDIAN & EMERGENCY CONTACT INFORMATION (in order to be contacted)

1. First & Last Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Please check this box if you do not want to receive email updates related to our classes and programs.
2. First & Last Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_ Relationship to child: \_\_\_\_\_
3. First & Last Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

## AUTHORIZED PICKUP (in addition to those listed above)

1. First & Last Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_
2. First & Last Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_

## MEDICAL INFORMATION

Provincial Health Care Number: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Doctor Phone: \_\_\_\_\_

Are there any medical diagnoses or concerns that may affect your child's participation in programs or that may affect their integration in programs? (ie. health condition, epilepsy, hearing aids, vision or speech impairments, mobility concerns, asthma, etc.)

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Allergies:

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Does your child carry an epi-pen? Y N If yes, what for: \_\_\_\_\_

# 19 Wing Fitness & Community Centre Youth Program/Event Participant Information Form



\*All information is required. Participant Name: \_\_\_\_\_

**\*Important Note:** In order for the camp to access funding for the support of an inclusion worker, it is vital for parents to be transparent regarding the child's support needs while in the program. Support will not be available if need is undisclosed, and your child could lose their space in the program.

## INCLUSION & SUPPORT INFORMATION

Is the participant neurodivergent?      Y      N  
(an individual with autism, ADHD, anxiety, dyslexia, dyspraxia, etc.)

Does the participant require additional support in school and/or sports programs?      Y      N

If so, please specify what types of support(s) are provided:

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*The following information is helpful regarding all participants:*

What are some common behaviours your child portrays that staff should be aware of?

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What are some things that can help to calm your child when they are struggling?

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Is there any additional information that staff should be aware of to best support the participant in the program?

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In the event your child requires medical attention, they will be transported to the nearest emergency centre by ambulance if necessary. PSP and Fitness, Sports & Recreation will not be responsible for any associated costs to do so.

I, \_\_\_\_\_, have read the relevant program information and forms, and provided accurate and complete information of the above-named child.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Staff Signature: \_\_\_\_\_

# 19 Wing Fitness & Community Centre Youth Medication Agreement Form



## TO BE COMPLETED BY PARENT / GUARDIAN

Child's First & Last Name: \_\_\_\_\_ Goes By: \_\_\_\_\_

DOB: \_\_\_\_\_ Health Care #: \_\_\_\_\_  
Month Day Year

I, \_\_\_\_\_ am requesting that the following medication be administered  
(parent / guardian's name)  
 by child-care staff according to the instructions stated below to \_\_\_\_\_.  
(child's name)

Name of condition	1. _____	2. _____
Name of medication	1. _____	2. _____
Amount(s) to be given	1. _____	2. _____
Date(s) to be given at program/event	1. _____	2. _____
Time(s) to be given	1. _____	2. _____
Special Instructions	1. _____	2. _____
Storage Instructions	1. _____	2. _____
Start Date	1. _____	2. _____
End Date	1. _____	2. _____
# of doses received at home	1. _____	2. _____
Possible side effects	1. _____	2. _____
<b>STOP</b> medication(s) if the following reaction(s) occur	1. _____	2. _____

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Participant Name: \_\_\_\_\_

# PHOTOGRAPHY AUTHORIZATION AND RELEASE FORM

## FORMULAIRE D'AUTORISATION ET DE DÉCHARGE POUR LA PHOTOGRAPHIE

I (Je), \_\_\_\_\_,

hereby grant and assign to the photographers, videographers and the Staff of the Non-Public Funds, Canadian Forces ("NPF"), the legal right and permission to copyright and/or publish and republish audio and visual images, portraits or pictures of me, in which I may be included in whole or in part, in colour or black and white, through any media that NPF deems appropriate, including but not limited to written publications, posters, television, advertising, billboards, promotional or educational videos, websites/internet locations, etc., without compensation to myself.

I waive my right to inspect or approve the finished product, advertising copy, printed or electronic matter that may be used in conjunction with the photograph(s) or video(s), and release the photographers, videographers, NPF, and anyone acting under its authority from any liability whatsoever as a result of distortion, blurring, alteration or optical illusion that may occur in the taking of the picture or video image, or processing or reproduction of the finished product.

I warrant that I am of full age and competent to enter into this agreement in my own name, and that I have read this Authorization and Release and I confirm that I understand and accept its terms. In alternative, I confirm that I am a minor and that the person(s) signing below on my behalf is/are my parent(s) or legal guardian(s).

**NAME and DATE OF EVENT or ACTIVITY:**

\_\_\_\_\_

accorde et octroie, par la présente, au photographe et au Personnel des Fonds non publics, Forces canadiennes (« FNP »), le droit et la permission de protéger par le droit d'auteur et/ou de publier et de republier des photos, des portraits ou des illustrations où je figure en entier ou en partie, en couleur ou en noir et blanc, et ce, au moyen de n'importe quel média. Je comprends et j'accepte que ces photos et images peuvent être utilisées, publiées ou imprimées dans n'importe quel média que les FNP jugeront approprié, y compris, mais non limité à des publications écrites, des affiches, la télévision, des annonces publicitaires, des panneaux-réclames, des vidéos promotionnelles ou éducatives, des sites Web, etc., sans que je ne reçoive aucune rémunération.

Je renonce à mon droit d'inspecter ou d'approuver le produit fini, le texte de l'annonce ou tout texte imprimé qui puisse être utilisé conjointement avec la (les) photo(s), et j'exonère le photographe, les FNP ou toute autre personne agissant en leur nom, de toute responsabilité qui pourrait résulter d'une déformation, d'une réduction de la netteté, d'une altération ou d'une illusion d'optique qui puisse se produire au moment de la prise de vue, du traitement ou de la reproduction du produit fini.

J'affirme être d'âge légal et habile à signer moi-même la présente entente. J'affirme également avoir lu le présent formulaire d'autorisation et que je comprends et que j'accepte les conditions qui y sont stipulées. Dans l'alternative, j'affirme être un(e) mineur(e) et que la (les) personne(s) qui a (ont) signé ci-après en mon nom est (sont) mon (mes) parent(s) ou mon (mes) tuteur(s) légal (légaux).

\_\_\_\_\_  
Participant Signature  
(19 years of age and over)

\_\_\_\_\_  
Home Address – Adresse domiciliaire BC

\_\_\_\_\_  
Signature of Parent/Guardian if Subject is under 19 years of Age  
Signature du parent/tuteur si le sujet a moins de 19 ans

\_\_\_\_\_  
Signature of Witness – Signature du témoin

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Witness – Nom du témoin



**Participant Name:** \_\_\_\_\_

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT FOR MINORS

Signing Individual's Full Name: \_\_\_\_\_ DOB (MMM-DD-YY): \_\_\_\_\_

**WARNING! Please read carefully.**

**By signing this document, you will waive certain legal rights – including the right to sue.**

**I have read and agree to be bound by statement above.**

\_\_\_\_\_  
Signature

1. This is a binding legal agreement. Clarify any questions or concerns before signing.
2. As a participant in the 19 Wing Fitness and Community Centre & Komoks Kids Care Summer Camp and the activities, programs, classes, services provided, and events sponsored or organized by Canadian Forces Morale and Welfare Services:
  - a. Personnel Support Programs – Fitness, Sports & Recreation (The Organization);
  - b. 19 Wing Comox;
  - c. British Columbia; and
  - d. Valid From: 07 July - 15 August 2025

including but not limited to: self-led activities, virtual and online activities, instructional sessions or lessons, practices competitive activities including game play, travel, equipment use or loan, indoor and outdoor activities and facilities, strength training and fitness conditioning and performances (collectively the “Activities”), the undersigned acknowledges and agrees to the following terms outlined in this agreement:

#### Disclaimer

3. In consideration of my participation in or attendance at these Activities, I, on behalf of myself, personal representatives, heirs, spouse, children or assigns, do hereby waive, release and forever discharge His Majesty the King in Right of Canada, His officers, servants, agents, employees, volunteers, officials, participants, agents, sponsors and members of His Canadian Forces, Staff of the Non-Public Funds and the Canadian Forces Morale and Welfare Services, its officers, servants, agents and employees, volunteers, officials, participants, agents, and sponsors (collectively the “Organization”) from and against all claims and demands, loss, costs, damages, actions, causes of action, suits or other proceedings by whomsoever made, brought, or prosecuted in a manner, related to any loss, property damage, personal injury or death, resulting from, occasioned by or attributable in any way to my acts or omissions resulting from my participation in or attendance at this Activities in any manner whatsoever including, but not limited to, the negligence of the Organization, either collectively or individually.

#### Description and Acknowledgement of Risks

4. I understand and acknowledge that:
  - a. The Activities have foreseeable and unforeseeable inherent risks, hazards and dangers that no amount of care, caution or expertise can eliminate, including without limitation, the potential for serious bodily injury, permanent disability, paralysis and loss of life;
  - b. I am responsible for my own code of conduct and behavior during the Activities and will follow safety guidelines including the recommendation by the Organization of the wearing of personal protective equipment (where applicable) ;

**Participant Name:** \_\_\_\_\_



RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT FOR MINORS

- c. The Organization has a difficult task to ensure safety and it is not infallible. The Organization may be unaware of my fitness or abilities, may misjudge weather or environmental conditions, may give incomplete warnings or instructions, and the equipment being used might malfunction; and
  - d. The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization and COVID-19 is extremely contagious. The Organization has put in place preventative measures to reduce the spread of COVID-19; however, the Organization cannot guarantee that I will not become infected with COVID-19. Further, participating in the Activities could increase my risk of contracting COVID-19.
5. I am participating voluntarily in the Activities. In consideration of my participation, I hereby acknowledge that I am aware of the risks, dangers and hazards associated with or related to the Activities. The risks, dangers and hazards include, but are not limited to:
- a. Health (physical and mental): executing strenuous and demanding physical techniques, physical exertion, overexertion, stretching, dehydration, fatigue, cardiovascular workouts, psychological harm, rapid movements and stops, lack of fitness or conditioning, traumatic injury, bacterial infections, rashes, and the transmission of communicable diseases, including viruses of all kinds, COVID-19, bacteria, parasites or other organisms or any mutation thereof;
  - b. Premises: defective, dangerous or unsafe condition of the facilities; falls; collisions with objects, walls, equipment or persons; dangerous, unsafe, or irregular conditions on floors, ice, or other surfaces, extreme weather conditions; travel to and from premises;
  - c. Use of Equipment: mechanical failure of the equipment; negligent design or manufacture of the equipment; the provision of or the failure by the Organization to provide any warnings, directions, instructions or guidance as to the use of the equipment; failure to use or operate the equipment within my own ability;
  - d. Contact: contact with equipment, vehicles, or other persons, and may lead to serious bodily injury, including but not limited to concussions and/or other brain injury, or serious spinal injury;
  - e. Advice: negligent advice regarding the Activities;
  - f. Ability: Failing to act safely or within my own ability or within designated areas;
  - g. Cyber: privacy breaches, hacking, technology malfunction or damage;
  - h. Conduct: My conduct and conduct of other persons including any physical altercation between participants;
  - i. Travel: Travel to and from the Activities;
  - j. Activity Specific: including but not limited to the use of the fitness, sports, and recreation equipment and facilities such as the youth centre, craft room, multi-purpose room(s), weight and cardio rooms, arena, gymnasium, squash courts, pool, track, sports field(s), outdoor fitness area, playground, parks, and community gardens for individual or group fitness, activity, workshop or “camp”, participation in sports and leisure activities or competitions; and
  - k. Negligence: My negligence and negligence of other persons, including negligence on the part of the Organization, either collectively or individually, may increase the risk of damage, loss, personal injury or death. I understand that the Organization, either collectively or individually, may fail to safeguard or protect me from the risks, dangers and hazards of the Activities, some of which are referred to above.



**Participant Name:** \_\_\_\_\_

## RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT FOR MINORS

### Terms

6. In consideration of the Organization allowing me to participate in the Activities, I agree:
- a. That when I practice or train in my own space, I am responsible for my surroundings and the location and equipment that I select;
  - b. That my mental and physical condition is appropriate to participate in the Activities and I assume all risks related to my mental and physical condition;
  - c. To complete a Physical Activity Readiness Questionnaire for Everyone (PAR-Q+) and followed recommendations such as seeking further advice from a doctor, another health care practitioner who is licensed to diagnose, or a qualified exercise professional before becoming much more physically active;
  - d. To comply with the rules and regulations for participation in the Activities including local, municipal, provincial and federal government regulations;
  - e. To comply with the rules of the facility or equipment;
  - f. That if I observe an unusual significant hazard or risk, I will remove myself from participation and bring my observations to a representative of the Organization immediately;
  - g. The risks associated with the Activities are increased when I am impaired and I will not to participate if impaired in any way;
  - h. That it is my sole responsibility to assess whether any Activities are too difficult for me. By commencing an Activity, I acknowledge and accept the suitability and conditions of the Activity;
  - i. That I am responsible for my choice of safety or protective equipment and the secure fitting of that equipment;
  - j. There is no insurance coverage provided for participants against dangers inherent in the Activity. I am responsible to review my personal accident, life insurance coverage to ensure that there is no exclusions related to the Activities, and that benefits are realistic. I am responsible for arranging and paying for such coverage;
  - k. To stop participation in the Event if it becomes, in my own assessment and opinion, unsafe to continue;
  - l. Treat all staff, officials, and volunteers with respect; and
  - m. That COVID-19 is contagious in nature, and I may be exposed to, or infected by, COVID-19 and such exposure may result in personal injury, illness, permanent disability, or death.

### Release of Liability and Disclaimer

7. In consideration of the Organization allowing me to participate, I agree:
- a. That the sole responsibility for my safety remains with me;
  - b. To ASSUME all risks arising out of, associated with or related to my participation;
  - c. That I am not relying on any oral or written statements made by the Organization or its agents, whether in a brochure or advertisement or in individual conversations, to agree to participate in the Activities;
  - d. To WAIVE any and all claims that I may have now or in the future against the Organization;
  - e. To freely ACCEPT AND FULLY ASSUME all such risks and possibility of personal injury, death, property damage, expense and related loss, including loss of income, resulting from my participation in the Activities;
  - f. To INDEMNIFY and HOLD HARMLESS Personnel Support Programs – Fitness, Sports & Recreation either collectively or individually, from and against any and all claims and demands, losses, litigation expenses, legal fees, liability, damages, awards, costs, actions, causes of action, suits, or other proceedings of any form or type whatsoever, they, or any of them, may incur or be subject to whether directly or indirectly



**Participant Name:** \_\_\_\_\_

**RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT FOR MINORS**

as a result of my participation in the Activities, whether the claim is based on, including but not limited to, the negligence, gross negligence, breach of contract, or any action taken or things done, maintained or failed to be done of or by the Organization, collectively or individually.;

- g. To FOREVER RELEASE AND INDEMNIFY and HOLD HARMLESS the Organization, either collectively or individually, from any action related to my becoming exposed to or infected by COVID-19 as a result of, or from, any action, omission or negligence of myself or others, including but not limited to the Organization, either collectively or individually;
- h. That the Organization, either collectively or individually, is not responsible or liable for any damage to my vehicle, property, or equipment that may occur as a result of the Activities;
- i. That negligence includes failure on the part of the Organization, either collectively or individually, to take reasonable steps to safeguard or protect me from the risks, dangers and hazards associated with the Activities; and
- j. This release, waiver and indemnity is intended to be as broad and inclusive as is permitted by law of the Province of Ontario and if any portion thereof is held invalid, the balance shall, notwithstanding, continue in full legal force and effect.

**Jurisdiction**

- 8. I agree that in the event that I file a lawsuit against the Organization, either collectively or individually, I will do so solely in the Province of Ontario and further agree that the substantive law of the Province of Ontario will apply without regard to conflict of law rules.
- 9. I AGREE that the Agreement will be governed by, and is to be interpreted, construed and determined in accordance with, the applicable federal laws and the laws in force in the province of Ontario, Canada and I AGREE to irrevocably and unconditionally attorn to the exclusive jurisdiction of the Courts of Ontario, Canada and all courts competent to hear appeals from the Courts of Ontario, Canada.
- 10. I AGREE that if any provision of this Agreement is determined to be invalid or unenforceable, in whole or in part, by a court of competent jurisdiction, such invalidity or unenforceability shall not affect the remaining terms or provisions of this Agreement.
- 11. WITHOUT LIMITING THE ABOVE, I AGREE NOT TO SUE the Organization, either collectively or individually, for, including but not limited to, any and all personal injury, including physical and psychological harm, death and property loss or damage, and costs, damages, fees, expenses, awards, and liabilities or otherwise relating thereto of any form or type, howsoever caused or arising, and whether directly or in directly as a result of my participation in the Activities.

**Acknowledgement**

- 12. I acknowledge that I have read and understand this agreement, that I have executed this agreement voluntarily, and that this agreement is to be binding upon myself, my heirs, spouse, children, parents, guardians, next of kin, executors, administrators and legal or personal representatives. I further acknowledge by signing this agreement I have waived my right to maintain a lawsuit against the Organization, either collectively or individually, on the basis of any claims from which I have released herein.

Participant Name (under 19 yrs of age): \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Printed – Parent/Guardian if participant is under 19 yrs of age)