

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: _____

Medications (please also describe their use): _____

Allergies: _____

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

Are there any medical diagnoses or concerns that may affect your child's participation in programs?

*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 COMOX PROGRAMS AND EVENTS
Waiver of Liability, Assumption of Risks, and Indemnification Agreement



PARTICIPANT INFORMATION **PROGRAM or EVENT:** _____

First & Last Name: _____ **DOB:** _____
Month Day Year

Waiver of Liability, Assumption of Risks, and Indemnification

Assumption of Risks:

- a. I acknowledge that my attendance at or participation in this physical activity or event: Use of the sports, recreation, aquatic and fitness facilities (such as gymnasium, pool, track, sports field, parks, skateboard park, playground and garden) 19 Wing Comox, Lazo, BC carries with it certain inherent risks and dangers that can not be eliminated regardless of the care taken to avoid injuries.
- b. I acknowledge that the inherent risks associated with this activity/event include, but are not limited to: Being struck by an object or hit an object (Equipment, participant, natural object etc.), physical exertion up to heart attack, slip and fall, sunburn, dehydration, hyperthermia or hypothermia, drowning (if includes aquatic activities), broken bone, sprain, cut, burn and abrasion, head injury, encounter with domestic or wild animal, and, serious bodily injury such as permanent disability, paralysis or death. _____ (initials)
- c. I have read the foregoing and I understand the physical demands this activity/event presents and the inherent risks associated thereto and affirm that to the best of my knowledge, my physical condition (or that of my minor participant) is adequate for me (or my minor participant) to participate safely. My participation (or that of my minor) in or attendance at this activity/event is voluntary and by signing below I knowingly and completely assume the foregoing risks.

Waiver of Liability:

In consideration of my participation in or attendance at this activity or event, 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 and members of His Canadian Forces, Staff of the Non-Public Funds and the Canadian Forces Personnel Support Agency, its officers, servants, agents and employees, 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 activity/event.

Indemnification and Hold Harmless

I also hereby **agree to indemnify and save harmless** His Majesty the King in Right of Canada, His officers, servants, agents, employees and members of His Canadian Forces, Staff of the Non-Public Funds and the Canadian Forces Personnel Support Agency, its officers, servants, agents and employees, 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 activity/event.

Acknowledgment and Understanding

I acknowledge having read this assumption of risks, waiver of liability and indemnity agreement, including the description of the inherent risks associated with the activity or event and understand that this Agreement is intended to be broad and all-inclusive so as to preclude any claims and that I have the legal capacity to sign, or if I am a minor, have discussed fully with my parent or guardian.

| | | | |
|----------------------------------|---|------------------------------|--|
| Participant Name | | Participant Signature | |
| Parent/Guardian signature | | Witness (or Staff) | |
| Date | <i>*If participant is a minor, parent/guardian signature is required</i> | | |

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. _____ |
| STOP medication(s) if the following reaction(s) occur | 1. _____ | 2. _____ |

Parent / Guardian Signature: _____ Date: _____



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