

WARNING: PLEASE READ CAREFULLY. BY SIGNING THIS DOCUMENT YOU GIVE UP CERTAIN LEGAL RIGHTS INCLUDING THE RIGHT TO SUE. By signing this document you indicate that you understand the risks associated with participating, you are being exposed to the risks identified below, and that you accept important legal obligations and waive certain legal rights, including the right to sue. If you do not understand this document please seek assistance prior to signing.

Please PRINT clearly and SIGN on the second page.

If Participant is under 18 years of age, the Participant’s Parent or Guardian must read through the Release and Waiver and sign on their behalf.

If you have any questions whatsoever please ask a representative of the Calgary Swims for Lunch Program before you sign. Please hand this form into Forest Lawn Outdoor Pool.

Participant	Last Name	First Name	
Age			
Contact Email (Updates, events)			
Street Address			
	City	Province	Postal Code
Behavioral Concerns:			
Allergies / Dietary Restriction			
Epi Pen Carried:			
Medical Concerns and Medications / Location			
Emergency Contact	Last Name	First Name	
Relationship		Phone Number	() Ext

In consideration of Calgary Swims for Lunch Foundation (CSFL) authorizing my son/daughter or authorizing the child with respect to whom I have been appointed legal guardian (the “**Participant**”) to participate in CSFL swimming activity (the “**Activity**”), I, the parent or legal guardian of the Participant (“**Parent/Guardian**” or “**I**”), agree to and acknowledge the following:

1. **Acknowledgement of Risk:** I am fully informed or otherwise aware of and assume in respect of the Participant’s participation in the Activity all risks to the Participant and all risks to third parties resulting directly or indirectly from acts or omissions of the Participant. Such risks include but are not limited to damage to or loss of property, bodily injuries or death.
2. **Medical Care:** I acknowledge that in the event of a life threatening situation or emergency involving the Participant, CSFL Coordinators and Instructors along with Forest Lawn Outdoor Pool lifeguards have certified training in standard first aid. There will be a minimum of one active lifeguard on patrol during every swimming pool lesson activity. In case of emergency, I authorize CSFL Coordinators, Instructors, Forest Lawn Outdoor Pool Lifeguards and/or trained first responders to provide any first aid treatment or administer medications that may be necessary, including if they deem it to be appropriate, the administration of CPR to the Participant and/or contact emergency health services.

3. **Physical Or Mental Health Conditions:** Except as indicated in this Release and Waiver Form, the Participant does not have any physical or mental health conditions that could affect his or her ability to participate in the Activity.
4. **Participation:** The participation by the Participant in the Activity is voluntary and is not mandatory and I, or the Participant, may choose not to have the Participant participate in any particular part(s) of the Activity upon giving prior notice to the CSFL leader or instructor.
5. **Policies and Rules:** I have read, am aware of, and agree to all applicable CSFL policies and rules and I am responsible for complying with, and ensuring the Participant is aware of and complies with these rules. I am responsible for any additional fees and costs resulting from the Participant's non-compliance with these rules.
6. **Media Release:** I acknowledge that from time to time CSFL personnel, third parties or the media, in each case as authorized by CSFL, may take photographs or videos of the Activity or parts thereof and that such photographs or videos may involve or include the Participant in the photographs or videos. I hereby consent to the taking of any such photographs and/or videos that may include the Participant as well as the use and display of such videos in a lawful manner, including without limitation, in regard to the promotion of the Activity. Please indicate here if NO Media is permitted: _____
7. **Correct Information:** I confirm that all information and consents I have provided to CSFL in this form are true, correct, complete and binding upon me and the Participant, and I consent to CSFL's reliance upon and use of that information.
8. **Waiver and Release:** I waive and release, on my own behalf and on behalf of the participant, CSFL (and the City of Calgary, Benchmark Projects Ltd. and the Calgary Outdoor Swimming Pools Association) and their respective directors, officers, employees, agents, consultants and volunteers from all actions, claims, demands, damages, liabilities, losses, costs and expenses whatsoever arising or that may arise, directly or indirectly, whether in law or equity, from, in regard to or as a result of participation by the Participant in the Activity, in whole or part. I understand that this release applies to both present and future injuries and that it binds my heirs, executors and administrators. In no event shall Calgary Swims for Lunch Foundation (or the City of Calgary, Benchmark Projects Ltd. or the Calgary Outdoor Swimming Pools Association) be liable for any direct, indirect, incidental, special, exemplary, or consequential damages however caused and on any theory of liability, whether in contract, strict liability, or tort (including negligence or otherwise).
9. **General:** I have read and fully understand the foregoing terms and conditions and: (a) confirm that I am entering into this document freely, voluntarily and of my own accord without duress; and (b) this document binds me and my heirs and legal representatives. This release shall be governed by and interpreted in accordance within the laws of the province of Alberta.

By signing below Parent/Guardian agrees to and acknowledges the above Waiver and Release provisions.

Signature of Parent/Guardian: _____

Date (YYYY-MM-DD): _____

Child Arrival and Departure Plan of Action:

Please specify if your child will arrive on their own by walking and if they will leave CSFL Activity by walking alone or with named persons.

My child will be walking alone both to and from Calgary Swims for Lunch Program, without supervision. **(Initial):** _____

OR My child will be walking with:

1. _____ 2. _____ 3. _____

(Initial): _____

FOR ADMINISTRATION ONLY: Form completed on _____
Name (Print): _____
Signature: _____