



Hope Mission Children & Youth Waiver

Hope Mission Calgary
4869 Hubalta Rd SE
403-474-3237
calgary@hopemission.com

IN CONSIDERATION of allowing my minor child/ward to participate in all the activities (including Skateboarding and Wall Climbing) and events related to Kids in Action and Hope Mission. *Kids in Action may participate in out trips, and events at Hope Mission's Center. Elements of the waiver pertain to these **potential** activities.*

I WARRANT TO YOU THAT:

I am the parent/guardian having full legal responsibility for my minor child/ward.
I am familiar with the **Kids in Action** program, and its components, and feel my child/ward can positively participate in this program.
I am familiar with the risk of serious injury and death which any participant doing Skateboarding/Wall Climbing and all other activities, must assume.
I believe that my minor child/ward is physically, emotionally and mentally able to participate in Skateboarding/Wall Climbing, Kids in Action and all other 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 is breaking the rules and/or putting another child/youth'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 Skateboarding/ Wall Climbing and all other activities.

I UNDERSTAND AND AGREE, on behalf of my minor child/ward, myself, my heirs, assigns personal representative and next of kin, that my execution of this document constitutes:

An unqualified **ASSUMPTION OF ALL RISKS**, associated with the participation in Skateboarding/Wall Climbing and all other activities, by my minor child/ward even if arising from negligence, or gross negligence, including and compounding or aggravation of injuries caused by negligent rescue operation or procedures, of the Skateboarding/Wall Climbing and all other activities, organizer and any persons associated therewith of participating therein.

I UNDERSTAND that should any situation occur and my child requires medical attention, all costs incurred for the said medical care including ambulance fees, are my responsibility.

A FULL AND FINAL RELEASE AND WAIVER OR LIABILITY of Skateboarding/Wall Climbing and all other activities organizer and all persons and organizations associated with Skateboarding/Wall Climbing and all other activities, including, without limiting the generality of forgoing, its officers, directors, officials, agents and/or employees, other participants, sponsors, advertisers, owners and/or leasers of the premises used to conduct Skateboarding/Wall Climbing and all other activities, sanctioning bodies, medical personnel (the **RELEASEES**), of and from with the respect to all injury, disability, death or loss or damage to person or property whether arising from the negligence, or negligent rescue of or by the forgoing otherwise.

I am UNDERSTANDING AND AGREE NOT TO SUE the RELEASEES for any loss, injury, costs or damages of any form or type, howsoever caused or arising, and whether directly or indirectly from the participation of my minor child/ward in Skateboarding/Wall Climbing and all other activities.

I am in AGREEMENT TO SAVE and HOLD HARMLESS the RELEASEES, and each of them, from litigation expense, legal fees, liability, damage, award or cost, of any form or type whatsoever, they may incur, due to any claim made against them or any one of them whether the claim is based on the negligence or the gross negligence of the **RELEASEES** or otherwise.

While Hope Mission takes reasonable steps as recommended by the Alberta Government to avoid the transmission of Covid-19, I understand and accept that my child's participation in Kids In Action exposes my child to certain risks including the risk of contracting Covid-19 which may result in serious illness or death and I assume and accept full responsibility for such risks.

I UNDERSTAND that Kids In Action is a non-denominational Christian program that strives to build Christian character traits in the children who come to the program. I understand that this may include the use of Bible stories, scripture verses, Christian songs, prayer and discussion. I understand that children will learn about God and His love for everyone. Christian programming will be presented in a non-coercive, child-friendly manner. Children from any faith background are welcome to attend.

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'S/WARD'S PARTICIPATION IN SKATEBOARDING/WALL CLIMBING, KIDS IN ACTION, AND ALL OVER ACTIVITIES.

SIGN THIS DOCUMENT VOLUNTARILY AND WITHOUT INDUCEMENT.

Parent/Guardian Signature

Parent/Guardian Printed Name

Child's Name

Signature of Witness

Printed Name of Witness

Date

BY SIGNING THIS FORM, I GIVE PERMISSION FOR ANY PICTURES/VIDEO OF MY CHILD TAKEN WHILE ATTENDING PROGRAMS TO BE USED FOR PROMOTIONAL PURPOSES UNLESS SPECIFIED OTHERWISE IN WRITING.

****Please complete the front and back of this form****



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Young Person's Name: _____

Date of Birth (DD/MM/YYYY) : _____ SEX: _____

Address: _____ Postal Code: _____

City: _____ School: _____ Grade: _____

Name of Legal Guardian: _____

Relationship to Young Person: _____ E-mail: _____

Primary Phone: _____ Secondary Phone: _____

Was the young person born in Canada? YES NO

Ethnicity: _____

Emergency Contact Name: _____

Relationship to participant: _____ Phone: _____

Do you have current involvement with Children's services? YES NO

Social Worker name and Contact information (if applicable): _____

MEDICAL INFORMATION

Alberta Health Care #: _____

Medical Conditions: _____

Allergies or Food Restrictions: _____

Is there any other information we need to know? _____

CHECK OUT INFORMATION

1. Can this young person walk home alone? YES NO

2. If NO, who can pick up this young person? _____

3. Names of siblings also registered in program: _____

4. Any other check out information we need to know? _____

****Please complete the front and back of this form****

