

Community Association Medical Information and Liability Waiver

Community Association Name: **BLACKBURN COMMUNITY ASSOCIATION**

Program name: _____ Location: _____

Participant Name: _____ Age: _____

Parents Name (if participant is a minor): _____

Address: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact: _____ Emergency Phone: _____

For safety purposes please list any health problems, disabilities, allergies etc.

In signing this form, I agree to allow all the information contained within, to be accessed by program leaders and the Community Association administration personal.

I am aware that there are risks associated with participation in Community Association programs, including the risk of severe injury. I have informed myself and understand the risks associated with my participation in the Program and (where applicable) my use of the facilities, including the risk of personal injury, and freely accept these risks. I understand that I am free to withdraw from or reduce my participation in the Program at any time. I understand it is a condition of participation in any recreational activity or program provided by this Community Association, their agents, servants, volunteers or employees, that the participant does so at his or her sole risk.

In consideration of the acceptance of my registration for the Program, I hereby for myself, my heirs, executors, administrators, or any others who may claim on my behalf, **covenant not to sue**, and hereby **waive, release and discharge** the City of Prince George and School District # 57, and anyone acting for or on the City of Prince George or School District # 57 behalf, from **any and all claims of liability** for personal injury, illness, loss of life or property damage of any kind or nature, arising out of or sustained in the course of my participation in the Program. This Release and Waiver applies to all claims, foreseen or unforeseen, including negligence and breach of statutory or other duty of care (including that owed under the *Occupier's Liability Act*).

I recognize that by signing this document I am waiving certain legal rights, including the right to sue.

Participant Signature: _____
(or parent if participant is under 18)

Date: _____

Witness Signature: _____

Date: _____