

Student Name: _____ Camp: _____

GPRC strives for each player to have a good experience and information gathered below assist our staff in programming and preparation. This information revealed in this form will be kept confidential. The personal information on this form is collected under the authority of Section 32 (C) of the freedom of information and privacy act.

Does your child have allergies or medical conditions? Yes • No •

Explain the procedure involved in dealing with your child's allergic or medical condition (if applicable) _____

Will your child need medications during the camp? If yes, please explain. _____

Has your child been diagnosed with a condition that affects learning, a psychiatric diagnosis or an emotional health concern? If yes, please explain. _____

Do you wish to pass along any concerns of this nature that have not been diagnosed? _____

Please check the behaviors' that apply to your child:

No unusual behavior Physically Aggressive Verbally Aggressive Withdrawn/Shy Temper Tantrums

Self-Injurious Wanders/Runs Away Other: _____

Please explain any checked behavior, frequency, and methods of dealing with this behavior: _____

Is your child susceptible to headaches, nosebleeds, fainting, colds, sinus problems, heat sensitivity or any other physical ailments? If yes, please explain. _____

Is your child susceptible to digestive ailments? _____

Is your child susceptible or does your child presently have joint pains or injuries? If yes, please explain. _____

Is your child susceptible or have a history of concussions? _____

Is your child susceptible or presently has back pains or problems? If yes, please explain. _____

Liability and Consent Release

Health Accuracy: This is to acknowledge that the information revealed in the above document is accurate and truthful. I understand that withholding information may contribute to injury, illness, or death and possibly compromise the care provided in the event of an emergency. In result that the information in the above document changes prior to or during the program I will immediately notify the GPRC staff.

Signed: _____

RELEASE OF INFORMATION

The information provided will be protected under the Freedom of Information and Protection of Privacy Act of Alberta (FOIP) for the purpose of promoting the achievements of GPRC and the success of the students, staff, faculty and the College community, the parent/guardian named herein grants to the College the right to use:

The child's name, photograph(s)/video(s), statements and/or testimonials by him/her for commercial advertising or in publicity materials, including digital images, brochures, and websites/social media.

I hereby grant permission to GPRC to take my child's photo during the program. GPRC reserves the right to discontinue the use of the image(s) without notice and that there will be no compensation to me for the use of the photographs.

Yes No Only the group photo

Signed: _____

RISKS AND DANGERS

I am aware that participation in fitness programs involves many risks, dangers and hazards, which could result in damage, loss or physical injury to my Child. Some of these risks, dangers and hazards include, but are not limited to:

- Injury:** during games and physical activities (eg. bruises, breaks, sprains, eye injuries, finger strains).
- Health:** overexertion, dehydration, fatigue, lack of fitness or condition.
- Premises:** defective, dangerous or unsafe condition of the facilities; falls; collisions with objects, equipment or persons.
- Use of Equipment:** mechanical failure of the equipment; negligent design or manufacture of the equipment; the provision of or the failure by GPRC to provide any warnings, directions, instructions or guidance as to the use of the equipment; failure to use or operate the equipment within the Child's ability.
- Conduct of Child and other Persons:** conduct of the Child and other participants may increase the risk of damage, loss, personal injury or death.

Assumption of Risks: I expressly and voluntarily consent and agree to assume full responsibility for any and all damages or injury that may arise out of or result from the Child's participation in GPRC Wolves Programs.

Release of Liability: I release, waive and forever discharge Grande Prairie Regional College ("GPRC"), its affiliates, their governors, officers, employees, personnel, volunteers, and any of their staff members, instructors, agents or representatives ("Releasees"), from all liability to me, the Child, and our respective legal representatives, heirs and assigns and any person claiming through or under myself or the Child, of and from any and all present and future claims, demands, damages, actions, or rights of action, whether legal or in equity, arising from or by reason of any bodily injury or personal injuries known or unknown, death, loss or theft of personal property or property damage that may occur as a result of the Child's participation in GPRC Wolves programs.

I further release, waive and forever discharge Releasees from all liability to me and the Child, and our respective legal representatives, heirs and assigns, of and from any and all present and future claims, demands, damages, actions, or rights of action, whether legal or in equity, arising from or by reason of any bodily injury or personal injuries known or unknown, death, loss or theft of personal property or property damage that may occur in, on or about GPRC's premises or the premises of the Wolves Programs, or as a result of the Child's participation in GPRC Wolves Programs.

Indemnification: I agree to indemnify and hold harmless the Releasees from and against all claims, demands, lawsuits, causes of action, liabilities, losses, costs (including reasonable legal fees) or damages for any property damage, property loss or theft, personal injury, death or other loss arising from or relating to the Child's participation in GPRC Wolves Programs.

Insurance: I am aware that GPRC does not provide me or my Child with any disability, accident, liability or medical insurance or compensation, should my child become injured or cause personal injury or property damage to any third party while participating in Wolves Programs.

Abide by Rules and Regulations: I agree to assist the Child to comply with and abide by all rules and regulations of GPRC in connection with Wolves Programs. Further, I have explained to the Child, the need to follow the rules and regulations.

Representatives: I enter into this Agreement for myself, the Child, my spouse (if any), my heirs, assigns and legal representatives and persons claiming through or under myself or the Child.

Medical Treatment: I, on behalf of the Child, hereby consent to GPRC securing such medical advice and services as it, in its sole discretion, may deem necessary for the Child's health and safety and I shall be financially responsible for such advice and services. I further release the Releasees from any claim whatsoever on account of first aid treatment, medical services or other services rendered to the Child during his or her participation in GPRC Wolves Programs.

As the Parent/Guardian of the minor child participant ("Child"), you hereby certify that you are the parent or legal guardian, and as consideration for permitting the Child to participate in GPRC Wolves Programs, you agree to the terms set forth in this document. You have read, understood, and accept the inherent risks and dangers associated with GPRC Wolves Programs. You acknowledge you are aware that you are surrendering and releasing valuable legal rights and remedies. You further understand that you accept financial responsibility for any medical assistance GPRC may deem necessary for your child's health and safety, and also for any damage to third persons or their property that your child may cause.

Signed this _____ day of _____, 20____, at _____, Alberta.

Signature of Parent/Guardian

Printed Name of Parent/Guardian