

# Town of Banff

## Community Services

### Mountain Adventures

### Release of Liability Waiver & Indemnity

### Please Read Carefully



P.O. Box 1260, Banff, Alberta T1L 1A1

[www.banff.ca](http://www.banff.ca)

IN CONSIDERATION of my child being permitted to participate in the **Mountain Adventures Programs September 2021 to June 2022**, I hereby accept all of the inherent risks associated with such participation including the possibility of personal injury, infectious disease contracted through viruses, bacteria, parasites and fungi which may be transmitted through direct contact; negligence of other persons and NEGLIGENCE ON THE PART OF THE RELEASEES, death and property damage, or other loss. I HEREBY waive any and all claims I may have against, and release from all liability and agree not to sue the Town of Banff, its employees, agents or representatives for any personal injury, death, property damage or loss sustained by me or my child as a result of such participation, including, without limitation, negligence on the part of the Town of Banff, its agents and employees. **I/We indemnify and save The Town of Banff harmless for any and all damages, losses, costs, expenses, liabilities, claims, demands, actions, of any nature which The Town of Banff or any third party may suffer or incur as a result of my child being allowed to participate in the activity, program or event.** I CONFIRM that I have read and understood this Release prior to signing it and agree that this release and indemnity shall be binding upon my heirs, next of kin, executors, administrators and personal representatives.

#### PHOTO RELEASE PERMISSION:

This waiver allows for the use of photo likenesses of your child to be used in community publications. I give permission for photos of my child to be published.  Yes  No

#### SUNSCREEN APPLICATION PERMISSION:

This waiver allows for the application of sunscreen to my child, consistent to the procedures outlined in the Town of Banff Health Policy for Children & Youth Programs. I give permission for sunscreen to be applied to my child.  Yes  No

#### COMMUNICATION PERMISSION:

I, give permission to Town of Banff's Mountain Adventures Program to consult with the Banff Elementary School, the Banff Community High School, and Right from the Start regarding my child's care. Information will be shared regarding your child's attendance, participation and program progress. This communication between organizations helps to provide quality care that is in the best interest of the child. Information will only be shared on a need to know basis and occurs in accordance with FOIP (Freedom of Information and Protection of Privacy Act). Confidentiality of this information is respected at all times.

Yes  No

**SPECIAL EQUIPMENT & CIRCUMSTANCE PERMISSION:**

This waiver allows for my child to participate in activities and use equipment involved in outdoor education and wilderness survival skills. I acknowledge and understand this may include the use of sharp knives, matches, lighters, fire and flammable materials.  Yes  No

**EXCURSION PERMISSION:**

I give my child permission to walk to, and participate in all activities, field trips, workshops and off site excursions in the general area surrounding the program location while accompanied by a minimum of 1 staff.  Yes  No

**MEDICATION ADMINISTRATION PERMISSION: (if applicable)**

I, give permission for my child, \_\_\_\_\_ to carry his/her own medication(s) \_\_\_\_\_ & \_\_\_\_\_ (name of medication(s)) and program staff to supervise the administration of this medication during program hours.

Yes  No

I have completed a detailed Medication Consent Form for the medication(s) described above.

Yes  No

**TOWN OF BANFF PROGRAM INFORMATION DISTRIBUTION PERMISSION:**

I, give consent to receive further information by email regarding Town of Banff Children & Youth Programs.  Yes  No

**PARENT & PARTICIPANT PROGRAM HANDBOOK:**

I understand it is my responsibility to read the Parent & Participant Program Handbook prior to the start of my child/youth's participation in the registered program.  Yes

**Child's Name (please print):** \_\_\_\_\_

**Parent/Guardians Name (please print):** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_  
Please mark x for signature

**Date:** \_\_\_\_\_

This personal information is being collected under the authority of the Freedom of Information and Protection of Privacy (FOIP) Act, Section 33(c). This information will be used in the administration of this program. If you have any questions regarding the collection and use of this information, please contact the Town of Banff FOIP Coordinator ([municipal.clerk@banff.ca](mailto:municipal.clerk@banff.ca)) at 403-762-1209.