



**Township of Wilmot Community Services Department
AGREEMENT, WAIVER & RELEASE FOR YOUTH PROGRAMMING**

The Youth Programming Card is valid for youth **grades 4 through 12** for program offerings within the Township of Wilmot and its programs from July 1st to June 30th annually.

The Township of Wilmot gathers information on participants for emergency purposes as well as to share program updates and information with/to the Wilmot Family Resource Centre for Youth Programming Opportunities in the Optimist Youth Centre as well as additional Township owned spaces. Please take a few minutes to provide the following information. It is also appreciated if you can provide any updates as they occur to the Supervisor of Recreation Programming in writing via email to lacey.smith@wilmot.ca

Please note that there is an additional cost for a 10-visit pass for Pipes and Rails.

PARTICIPANT INFORMATION

PARTICIPANT NAME: _____ DATE OF BIRTH: _____ AGE: _____
 HOME ADDRESS: _____ CITY: _____ POSTAL CODE: _____
 PARTICIPANT EMAIL ADDRESS: _____ GRADE: _____ SCHOOL: _____
 HEALTH CONCERNS OR SPECIAL NEEDS THAT OUR STAFF NEED TO KNOW: _____

MEDICAL HISTORY

KOWN ALLERGIES (BEE STINGS, MEDICATIONS, SPECIFIC FOODS): _____

 MEDICAL CONDITIONS: ASTHMA _____ DIABETES _____ EPILEPSY _____ OTHER _____
 PHYSICAL MOBILITY CHALLENGES OR DISABILITIES _____
 EMOTIONAL BEHAVIOURS OR CHALLENGES _____
 SPECIAL CIRCUMSTANCES (CUSTODIAL SITUATIONS, etc...) _____
 ADDITIONAL INFORMATION (HISTORY OF FAMILY SITUATIONS) _____

PRIMARY CONTACT INFORMATION

1) PARENT/GUARDIAN NAME: _____ DAYTIME PHONE: _____ CELL: _____
 PRIMARY EMAIL ADDRESS: _____

EMERGENCY INFORMATION

PLEASE LIST TWO ADDITIONAL PEOPLE DIFFERENT THAN ABOVE THAT WE CAN CONTACT IN THE EVENT OF AN EMERGENCY

1) NAME: _____ RELATIONSHIP: _____ DAY PHONE: _____ CELL: _____
 2) NAME: _____ RELATIONSHIP: _____ DAY PHONE: _____ CELL: _____



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PICK UP AUTHORIZATION

Listed below are people authorized to drop-off and pick-up your child. Your child will not be released to anyone unless they are listed below. **PLEASE LIST YOURSELF**, relatives, guardians, friends etc. In an effort to ensure the safety of your child, you or whoever is picking up the child may be asked to show a picture I.D.. Please make sure to inform the individual picking up your child of this policy to avoid any confusion or frustration at the time of pick-up. *I understand that if somebody other than these individual(s) listed previously in this document is to pick up your child from the site, written consent will be required prior to releasing the child(ren) to the Supervisor of Recreation Programming.* Thank you for your cooperation.

- 1) NAME: _____ RELATIONSHIP: _____ DAY PHONE: _____ CELL: _____
- 2) NAME: _____ RELATIONSHIP: _____ DAY PHONE: _____ CELL: _____
- 3) NAME: _____ RELATIONSHIP: _____ DAY PHONE: _____ CELL: _____
- 4) NAME: _____ RELATIONSHIP: _____ DAY PHONE: _____ CELL: _____
- 5) NAME: _____ RELATIONSHIP: _____ DAY PHONE: _____ CELL: _____

PLEASE NOTE: Pick-up Authorization applies to programming for grades four (4) through grade six (6) or if the Travel Home Alone form has not been completed for grade seven (7) to Twelve (12+). If your child is participating in a drop-in program, such as the Pipes and Rails program or youth Centre programs, it is your responsibility to ensure your child is safely dropped off and picked up from these programs. Program staff will *not* be responsible for your child's whereabouts once they have left the drop-in program and they will not verify the identity of any individuals picking up the child.

PRIMARY CONTACT SIGNATURE: _____ **DATE:** _____

AUTHORIZATION FOR PUBLICITY

The above-mentioned participant may appear in advertising/publicity arranged for by the Township of Wilmot, through various media outlets including but not limited to the television, radio, slide presentations, newspapers, and other print and electronic publications for the Township of Wilmot's promotions. I agree to the previously stated Authorization for Publicity statement and agree to allow the Township of Wilmot to photograph the participants completed in this form.

PRIMARY CONTACT SIGNATURE: _____ **DATE:** _____

EMERGENCY MEDICAL TREATMENT

**PLEASE READ THE FOLLOWING CAREFULLY TO ENSURE A COMPLETE UNDERSTANDING OF INFORMATION.
 THE TOWNSHIP OF WILMOT DOES NOT CARRY MEDICAL INSURANCE FOR ANY PROGRAM/CLASS/ACTIVITY.**

1. In the event of an accident or illness involving my child while attending the program I hereby authorize, the Supervisor of Recreation Programming (or their designate) to assist in the administering of all medication that is provided by the parents and/or guardians. **Under no circumstances shall medication be provided without written or verbal consent from the primary contact.**
2. I also understand and accept that the supervisor of Recreation Programming can reserve the right to refuse to administer treatment to the participant if the necessary information is not provided by the parent/guardian.



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3. This information will be used to assist with the meeting of the health needs of participant.
4. If there are any questions about the information gathered on this form, please contact the Supervisor of Recreation Programming.
5. This request will terminate upon the yearly expiration of Youth Programming Card Information (dates listed above).
6. I hereby release the Township of Wilmot, it's officers, employees, volunteers and agents from all manner of action, causes of action, suits, losses, damages, or injuries, however caused, arising out of the administration or failure to administer medications as provided herein, and I do also hereby indemnify and defend the Township of Wilmot, it's officers, employees, volunteers and agents for any losses or damages sustained by them as a result of such actions or proceedings being commenced against them by myself or the program or any other parent or guardian of said participant.
7. In the event of an accident or illness involving my child while attending the program I hereby authorize, if I am not immediately available, the administration of any medical procedure deemed necessary by a program staff (including aquatic staff). I also give my permission for my child to be transported to the physician's office of the Hospital Emergency Department with no liability on the driver's part. An ambulance may be called to transport my child to the hospital if required; billing for the ambulance will be forwarded to the primary contact specified on the registration form.

PRIMARY CONTACT NAME: _____ **DATE:** _____

PRIMARY CONTACT SIGNATURE: _____ **DATE:** _____

LISTING OF ACTIVITIES, WAIVER & RELEASE OF LIABILITY

PLEASE READ THE FOLLOWING CAREFULLY TO ENSURE A COMPLETE UNDERSTANDING OF INFORMATION.

Activities may include, but are not limited to, Community Classes, Fitness Classes, Sports (not limited to Hockey, Soccer etc.), Pickleball, skateboarding and special events, The HIVE Program, Pipes and Rails Drop-In program and other unlisted activities offered by the Township and/or its designate organizations (i.e., Wilmot Family Resource Centre). Locations include, but are not limited to, the Wilmot Recreation Complex, The Optimist Youth Centre, the New Hamburg Community Centre, the New Hamburg Arena, and other unlisted locations where Township of Wilmot may hold youth programming.

In consideration for permitting my child to participate in any of the aforementioned activities sponsored by the Township of Wilmot and/or the Wilmot Family Resource Centre, I hereby waive, release, and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which may accrue as a result of my youth's participation.

This release is intended to discharge in advance the above Township (its officers, employees, volunteers, and agents) from and against any and all liability arising out of or connected in any way with my child's participation in any activities, even though that liability may arise out of negligence or carelessness on the



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part of said township (its officers, employees, volunteers, and agents).

I understand that the above activities may be of a hazardous nature and/or include physical and/or strenuous exercise or activity; that serious accidents occasionally occur; and that participants occasionally sustain mortal or personal injuries and/or property damages as a consequence thereof. Knowing the risks involved, nevertheless, I have voluntarily applied to let my child participate in the aforementioned organizations activities and **I hereby agree** to assume any and all risks of injury or death and to release and hold harmless the above township (its officers, employees, volunteers, and agents) who through negligence, carelessness or any other act or omission might otherwise be liable to me.

I further understand and agree that this waiver, release, and assumption of risk is to be binding on my heirs and assigns.

I further agree to indemnify, defend and to hold the above Township (its officer, employees, volunteers and agents) free and harmless from any loss, liability, damage, cost or expense which they may incur as a result of any injury and/or property damage that my child may sustain or cause while I further agree to indemnify and to hold the above Organizations (its officer, employees, volunteers and agents) free and harmless participating in activities.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER, AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN THE ABOVE ORGANIZATIONS AND MYSELF AND I SIGN IT OF MY OWN FREE WILL.

TOWNSHIP OF WILMOT STAFF RESERVES THE RIGHT TO DISMISS ANY PARTICPANT WHO DOES NOT COOPERATE WITH PROGRAM STAFF AND/OR RULES. ONCE DISMISSED, THE TOWNSHIP AND PROGRAM STAFF WILL NOT BE RESPONSIBLE FOR YOUR CHILD’S OVERSIGHT OR WHEREABOUTS.

PRIMARY CONTACT NAME: _____ DATE: _____

PRIMARY CONTACT SIGNATURE: _____ DATE: _____

CONSENT

By signing below, I provide consent for the Township of Wilmot and the Wilmot Family Resource Centre to share the above information with its staff for both programming purposes, programming updates and with emergency personnel and to contact the emergency contacts in the case of a medical emergency.

PRIMARY CONTACT SIGNATURE: _____ DATE: _____

THIS DOCUMENT IS FOR OFFICE USE ONLY AND IS STRICTLY CONFIDENTIAL

Personal information on this form is collected under the authority of the Municipal Act 2001, S.O. 2001, c.25, as amended and will be used for programming recreation and leisure services or emergency purposes. Questions about this collection should be directed to: **Municipal Clerk, Township of Wilmot Administration Complex, 60 Snyder’s Road West, Baden, Ontario N3A 1A1.**