



MINOR PARTICIPANT
RELEASE OF LIABILITY, RISK ACKNOWLEDGEMENT AND INDEMNITY AGREEMENT

By signing this document you consent to your child’s participation with the University of Lethbridge’s Summer Camp Aquatic Program as registered and release the University of Lethbridge of all responsibilities and liabilities in connection to your child’s participation with the Program. You are agreeing to assume financial responsibility for any damage to third persons or their property caused by your child.

INITIAL: _____

TO: THE GOVERNORS OF THE UNIVERSITY OF LETHBRIDGE (THE “UNIVERSITY”)

CHILD’S FIRST NAME: _____ SURNAME: _____ AGE: _____

PARENT’S/GUARDRIAN’S FULL NAME: _____ Telephone#: _____

1. AUTHORIZATION TO PARTICIPATE: I hereby consent to my child participating with the University of Lethbridge’s Summer Camp Aquatic program as registered and in accordance with the 2015 summer recreation services activity guide program description at the Max Bell Aquatic Centre in Lethbridge, AB (hereinafter collectively referred to as “the Program”). I understand that my child’s involvement in the Program is voluntary and may be withdrawn at any time.

2. DESCRIPTION OF RISKS: I appreciate and agree that there are hazards and risks not all of which can be listed, that are inherent to my child’s participation in the Program any of which could cause bodily injury or permanent disability or loss of life and/or loss or damage to property. I understand that I am responsible for my child’s own health, medical, dental and property insurance and authorize the University of Lethbridge to secure medical advice and services as it, in its discretion, may deem necessary for my child’s health and safety and I shall be financially responsible for such advice and services.

3. RELEASE OF LIABILITY AND INDEMNITY AGREEMENT: I hereby release the University of Lethbridge, its directors, officers, employees and agents (the “Released Parties”) of all liability of injury, death, or other damages to me, my child, family, estate, heirs, or assigns that may result from my child’s participation with the Program and its associated activities.

On behalf of my child, I hereby waive any and all claims that my child has or may have in the future against the Released Parties, and hereby release and forever discharge the Released Parties from all actions, suits, proceedings or liability for personal injury, illness, death or property damage sustained by my child, and all costs, expenses or losses resulting therefrom, as a result of participation in the Program and activities undertaken thereunder, due to any cause whatsoever including, without limitation, negligence, breach of statutory duty or otherwise. None of the Released Parties referred to herein will bear any liability whatsoever should any injury, illness or death occur to my child while s/he is participating in the Program, or at any time afterwards as a result of that participation.

I further agree to indemnify and hold harmless the Released Parties from and against all loss, liability and damage and costs suffered by any third party resulting from my child’s participation with the Program including but not limited to the cost of defence, settlement and/or payment of claims or judgments.

Signature of Parent/Guardian: _____ **Date:** _____

Witness Name: _____ **Signature:** _____ **Telephone #:** _____

The personal information is collected under authority of the Freedom of Information and Protection of Privacy Act. The information is collected for the purpose of determining participation in University programs and activities. Questions related to the collection, use or disclosure of your personal information can be directed to the University of Lethbridge Privacy Office, 4401 University Drive W, Lethbridge, AB T1K 3M4, 403-332-4620.