



Kayak Camp: Waiver Form

Please take the time to complete this form carefully. This information is personal and confidential and will only be used by staff of Richardson Sport Inc (RSI) to ensure that proper care and attention is given to the health and safety of your child.

Participant's Name: _____

DOB: (MM / DD / YY)

Participant's Name: _____

DOB: (MM / DD / YY)

Participant's Name: _____

DOB: (MM / DD / YY)

Parent/Guardian's Name: _____ Relationship: _____

Out Trips

I, agree and understand that my child(ren) named above has permission to participate in the series of programs / activities organized by RSI staff which may include out trips in a 100km radius of the recreation centre we have registered with.

Parent/Guardian Signature: _____ Date: _____

Transportation

I, give RSI program staff permission to transport my child(ren), named above, to and from the programmed activities. (All staff will hold a Class 5 License.) Additionally, I give my child(ren), named above permission to use public transportation and school buses while accompanied by a program staff.

Parent/Guardian Signature: _____ Date: _____

Photography

I, agree, understand, and give permission for my child(ren), named above, to be photographed and/or videotaped by RSI staff which may be used on websites, in print, electronic media and / or community newspaper for the promotion of RSI programs and services.

Yes No

Parent/Guardian Signature: _____ Date: _____

Medications

If there is any need to administer medication(s), please complete separate form *Permission to Administer Medications*

Yes *Permission to Administer Medications* form is completed not applicable

Pickup

I, agree, understand, and give permission for my child(ren), named above, to be released into the care of the following people other than the guardian mentioned

Name	Relationship	Phone Number

Parent/Guardian Signature: _____ Date: _____

Aquatic Participation

I, agree, understand, and give permission for my child(ren), named above, to participate in aquatic activities. I hereby certify that my child is fully capable of participating in swimming, kayaking, and aquatic sports and that my child(ren) is healthy and has no limitations that would restrict full participation. Please note all on water kayaking activities will require wearing life jackets and it will be provided to them.

Does your child(ren) require a life jacket to swim on their own? Yes No

Parent/Guardian Signature: _____ Date: _____

Registration & Refund Policy

- It is the parent's responsibility to ensure that all necessary emergency information (i.e. medical and/or special needs) has been disclosed. We encourage parents to speak with camp leaders prior to the start of the program.
- For the safety of all children with allergies, we require all snacks and lunches to be **NUT-FREE**.
- Refunds will not be issued for non-attendance on a scheduled day of camp.

I acknowledge that I have read and accept the RSI Policies. I agree that RSI can collect, use, disclose and store personal information as set out in their Privacy Policy. I hereby release RSI and their employees from all claims, demands, losses, actions, suits or proceedings rising out of the participation of the applicant named in any facility or at any location where a program is being held.

Parent/Guardian Signature: _____ Date: _____