

WESTBROOK PLAYSCHOOL ASSOCIATION
Consent and Acknowledgement of Risk for Off-Site Programs and Activities
For children under 18 years of age

Child Participant: _____

Events and Activities:

- Playing at the Water Valley Community Playground.
- Extracurricular activities in the gym as well as outdoors.

Dates:

- Any and all days during the school year.

Locations:

- Water Valley Community Playground.
- Water Valley Arts and Wellness Building Gym
- Outdoor areas in Water Valley, Alberta, including the play area behind the playschool, the nature & bike trail and the Boots & Saddles Arena.

Transportation:

- Walking with the teacher, assistant teacher, and/or parent volunteers.

Supervision:

- Westbrook Playschool Association teachers and/or parent volunteers.

Consent and Acknowledgement of Risk

I am satisfied that I have been informed of my right to obtain as much information about these programs or activities as I feel necessary, including information beyond that provided to me by the Westbrook Playschool Association (the Association). I am not, in any way, relying solely upon information provided by the Association respecting the nature and extent of the risks and hazards associated with the program or activity.

I freely and voluntarily assume the risks and hazards inherent in the nature of the programs or activities and understand and acknowledge that the above-named minor as a participant may suffer personal and potentially serious injury due to an unforeseeable or chance event. The following are types of injury which may result from participating in the above activities but are not limited to:

- Injuries related to falling.
- Injuries related to indoor and outdoor play and playground equipment.
- Any other injuries that may occur.

I acknowledge that it is my responsibility to advise my child's teacher of any medical or health concerns of my child which may affect participation in the stated programs or activities.

Medical condition: Yes / No

If your answer is yes, please specify: _____

I consent that the Association, through its employees and volunteers, may secure medical advice and services as those individuals, in their sole discretion, may deem necessary for the health and safety of my child. I shall be financially responsible for such advice and services.

My child, _____ (Print name of child)

[] **Will participate** in these programs or activities.

[] **Will not participate** in these programs or activities.

Agreement and Release

I have carefully read this Consent and Acknowledgement of Risk and understand the terms used and their legal significance. In consideration of my child being permitted to participate in the programs or activities, I fully agree to the conditions of this Consent and Acknowledgement of Risk and confirm that by checking the box and signing I will hold the Association, its teachers, staff, and Board of Directors harmless from damages, claims, and/or costs resulting from accidental injury to my child.

Print Name of Parent/Guardian: _____

Signature of Parent or Guardian: _____

Date: _____