

WAIVER AND RELEASE AGREEMENT

WARNING! PLEASE READ CAREFULLY!
THIS DOCUMENT WILL AFFECT YOUR LEGAL RIGHTS AND ABILITY TO CLAIM
PLEASE READ IT CAREFULLY BEFORE SIGNING

Servus Credit Union Place (Servus Place) strives to provide awareness of possible risks associated with use of the facility. It should be understood that there are risks and dangers inherent with participation in any physical activity.

The undersigned agrees as follows:

- a) **I ACKNOWLEDGE THAT** Servus Place programs and activities require a minimum level of fitness and physical, mental and emotional health (collectively "health"). **I FURTHER UNDERSTAND AND ACKNOWLEDGE** that the probability of an injury occurring depends in part on MY/MY CHILD'S level of fitness and health as well as on the awareness, care and skill with which I/MY CHILD conduct myself/his or herself.
- b) **I ACKNOWLEDGE THAT THERE ARE RISKS AND DANGERS** inherent with participation in a physical activity. **THESE RISKS AND DANGERS INCLUDE BUT ARE NOT LIMITED TO:** the possibility physical injury to MYSELF/MY CHILD or others, such as skin abrasion, muscle strain, nerve or muscle damage, broken bones, concussion, soft tissue damage, infectious diseases, cardiac arrest, even including the possible risk of severe or fatal injury.
- c) **I ACKNOWLEDGE THAT MY/MY CHILD'S** participation in any Servus Place program or activity is purely voluntary and such participation is **DONE AT MY/MY CHILD'S OWN RISK** and I am free to withdraw at any time.
- d) **I ACKNOWLEDGE THAT IT IS MY PERSONAL RESPONSIBILITY** to ascertain whether I/MY CHILD has any health conditions which make it inadvisable to participate in any Servus Place program or activity.
- e) **I ACKNOWLEDGE THAT** Servus Place is not responsible for any lost, damaged or stolen property.

Adult Participant #1 (Print Name): _____
I declare that I have read, understood and agree to the contents of the above **WAIVER AND RELEASE AGREEMENT** form in its entirety this ____ day of _____, 20 ____ . **Signature** _____

Adult Participant #2 (Print Name): _____
I declare that I have read, understood and agree to the contents of the above **WAIVER AND RELEASE AGREEMENT** form in its entirety this ____ day of _____, 20 ____ . **Signature** _____

Minor Child Participant (Print Name): _____
I declare that I have read, understood and agree to the contents of the above **WAIVER AND RELEASE AGREEMENT** form in its entirety this ____ day of _____, 20 ____ . **Parent/Guardian Signature** _____

Minor Child Participant (Print Name): _____
I declare that I have read, understood and agree to the contents of the above **WAIVER AND RELEASE AGREEMENT** form in its entirety this ____ day of _____, 20 ____ . **Parent/Guardian Signature** _____

Minor Child Participant (Print Name): _____
I declare that I have read, understood and agree to the contents of the above **WAIVER AND RELEASE AGREEMENT** form in its entirety this ____ day of _____, 20 ____ . **Parent/Guardian Signature** _____

Minor Child Participant (Print Name): _____
I declare that I have read, understood and agree to the contents of the above **WAIVER AND RELEASE AGREEMENT** form in its entirety this ____ day of _____, 20 ____ . **Parent/Guardian Signature** _____

ALBERTA Freedom of Information and Protection of Privacy Act (FOIPP): By signing above, I consent to having the information in this document collected by the City of St. Albert. The personal information requested on this form is collected under the authority of the Municipal Government Act and Section 32 (c) of the FOIPP ACT to determine membership and or participation in City Programs and Activities. Certain personal information may be made available to federal and provincial government departments and agencies under appropriate legislative authority. Personal information is protected under the Alberta FOIPP Act. For further information contact the Chief Legislative Officer, 5 St. Anne Street, St. Albert, Alberta, Canada. T8N 3Z9, (780) 459-1705.