

KID'S PROGRAMMING REGISTRATION

PARTICIPANT INFORMATION (PLEASE PRINT CLEARLY)

Participant Name: _____

DOB: _____ Age: _____ Gender: _____

Mental or Physical Medical Conditions: _____

AB Healthcare Number: _____ Allergies: _____

Does the participant have a history of concussion? _____ No _____ Yes

Does the Participant have a C2 Membership? _____ No _____ Yes If yes, what type? _____

PARENT/GUARDIAN INFORMATION

Name: _____ Email: _____

Phone Number: Main: _____ Alt: _____

Mailing Address: _____

Town: _____ Postal Code: _____ Province: _____

ALTERNATE EMERGENCY CONTACT

Emergency Contact: _____ Phone Number: _____

Relationship to Participant: _____

RECREATION INFORMED CONSENT

Please note that by signing this form, you relinquish your right to bring court action to the compensated for any injury or loss to yourself as well as the right of your personal representative to compensation for death. As a condition of registration, the PARENT or GUARDIAN agrees:

_____ **(Parent/Guardian)** is solely responsible for any personal property lost and/or damaged, unless such loss or damage was caused by sole negligence of the Bonnyville and District Centennial Centre.

_____ **(Parent/Guardian)** and participant understand, appreciate, and accept the inherent physical risks of injury while participating in sport & camp activities.

_____ **(Parent/Guardian)** The Participant sees a licensed medical practitioner on a regular basis and to the best of my/our knowledge is physically and mentally able to participate in all activities of this camp.

_____ **(Parent/Guardian)** The Participant will wear full protective equipment demanded by the sport and the equipment brought to the camp with him/her meets or exceeds all CAS or Sprot governing body standards.

_____ **(Parent/Guardian)** Should the participant be injured during the camp, I/we give permission to the Bonnyville and District Centennial Centre to provide emergency medical treatment.

The Bonnyville and District Centennial Centre reserves the right to assign the participant to a group most appropriate for their age and ability; to request any participant to withdraw from their camp if the participant is not acting in an appropriate and responsible manner; or to cancel any camp with 100% refund. Cancellations will be given 100% refund if it has occurred before the start of the camp, i.e., if the camp runs from Monday to Friday, the cancellation must be received before Monday. If the cancellation occurs after the camp has started, no refund will be issued.

I understand that this is a legal agreement. It is binding upon myself as well as upon my heirs, next of kin, executors, administrators, assigns, and legal representatives in the event of death or incapacity.

I have read and understood all of the terms of this agreement, and by signing this agreement voluntarily, I agree to abide to these terms.

_____ **(Parent/Guardian Initials)**



CLIMBING WALL WAIVER RELEASE AND INDEMNITY

_____ **(Parent/Guardian)** I, the Undersigned, understand and acknowledge that I am aware of the risks associated with or related to the use of the climbing wall (including risk of severe or fatal injury), to myself; particulars of which include but are not limited to the following:

Injuries resulting from falling and impacting climbing wall faces or the ground, including an object or objects resting on the floor; Injuries resulting from activities such as climbing, belaying, rappelling, rescue systems, and other rope techniques; Injuries resulting from falling climbers or objects such as rope or climbing hardware; Injuries resulting from the physical activity of the sport itself including but not limited to neck and back strains, muscle strains, muscle pulls, tendon & ligament damage, as well as other typical athletic injuries or more serious injuries.

I voluntarily accept these physical risks.

_____ **(Parent/Guardian)** I understand that by signing this document, I, my successors, heirs, assigns or personal representatives waive the right to sue or otherwise claim against the Bonnyville and District Centennial Centre, its employees, volunteers, officials, sponsors, directors, agents, coaches, instructors, or independent contractors for any loss or damage connected with any property loss or personal injury that I sustain while participating in or preparing for any program or activity of the Bonnyville and District Centennial Centre.

_____ **(Parent/Guardian)** I further agree to indemnify and save harmless the Bonnyville and District Centennial Centre employees, volunteers, officials, sponsors, directors, agents, coaches, instructors, or independent contractors from any and all actions, claims, demands, losses, or suites of any nature resulting from and arising from out of my participation in any program in the Bonnyville and District Centennial Centre or my use of its facilities or from the participation of my infant child in any program in the Bonnyville and District Centennial Centre or from that child's use of its facility.

_____ **(Parent/Guardian)** I understand that the activity of climbing must be carried out without the assistance of another climber on the wall. I also understand tandem climbing or having children harnessed to me while climbing is strictly prohibited.

PHOTO RELEASE (Optional)

I hereby grant the Bonnyville and District Centennial Centre permission to use my likeness in a photograph in any and all of its publications, marketing materials, and website entries without payment or any other consideration. I understand and agree that these materials will become the property of the Bonnyville and District Centennial Centre and will not be returned. I hereby irrevocably authorize the Bonnyville and District Centennial Centre to edit, alter, copy, exhibit, publish, or distribute this photo for purposes of publicizing the Centennial's programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished project, including writing or electronic copy, wherein my likeness appears. Additionally, I waive any rights to royalties or other compensation arising or related to the use of the photograph. I hereby hold harmless and release & forever discharge the Bonnyville and District Centennial Centre from all claims, demands, and causes of action on my behalf or on behalf of my estate have or may have by reason of this Authorization.

_____ **(Parent/Guardian Initials)**

I have read this registration form before signing below and I fully understand the contents, meaning, and impact of this registration form.

Signed this _____ day of _____, 2025 at _____, Alberta.

Name of Participant: _____

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____



THE BONNYVILLE & DISTRICT
CENTENNIAL CENTRE