



Kids Cancer Care Foundation of Alberta
(CAMPERS UNDER THE AGE OF EIGHTEEN)

CERTIFICATION OF CONSENT AND AUTHORITY, RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

TO: KIDS CANCER CARE FOUNDATION OF ALBERTA and employees, representatives, volunteers, officers and agents (hereinafter referred to collectively as "Kids Cancer Care Employees").

Please Print:

I/we, _____ (Parents or Guardians of) _____

hereby sign this agreement on behalf of myself, my personal representatives, heir and assigns.

- 1. I/we acknowledge that Kids Cancer Care provides a wide variety of recreational activities and outdoor pursuits programs. In addition, I/we acknowledge that Kids Cancer Care takes all reasonable precautions through compliance with current operating standards and practices to minimize risk involved with participation in activities offered by Kids Cancer Care.
2. I/we acknowledge that certain recreational activities and outdoor pursuits such as rafting, kayaking, hiking, mountain biking, team learning, rock climbing, mountaineering, caving, backpacking, high and low ropes initiatives, climbing wall and related summer camping activities and other Kids Cancer Care activities throughout the year involve INHERENT RISKS that may cause serious injury and possibly death to participants.
3. As a parent or guardian of a child/children participating in Kids Cancer Care activities I am aware of potential risks and give my/our CONSENT to allow my/our child/children to participate in activities.
4. I hereby WAIVE ANY AND ALL CLAIMS which I may have against Kids Cancer Care and any or all Kids Cancer Care Employees and RELEASE Kids Cancer Care and the Kids Cancer Care Employees from and against all losses, costs, damages, expenses, liabilities, claims, demands and causes of action of whatever kind including all legal fees and costs (collectively, the "Claims") regardless of when they arose and howsoever arising for injury, death, property damage or any other loss whatsoever sustained by my/our child/children as a result of my/our child/children's participation in Kids Cancer Care activities, including, without limitation, while present at a Kids Cancer Care camp, DUE TO ANY CAUSE WHATSOEVER (excluding gross negligence).
5. I hereby agree to indemnify and save harmless Kids Cancer Care and Kids Cancer Care Employees from and against all Claims regardless of when they arose and howsoever arising, that Kids Cancer Care and/or Kids Cancer Care Employees sustain, incur or may be subject to and which Kids Cancer Care and/or Kids Cancer Care Employees would not have sustained, incurred or be subjected to except as a result of my participation in Kids Cancer Care activities or while present at a Kids Cancer Care camp, DUE TO ANY CAUSE WHATSOEVER (excluding gross negligence).
6. Medication administration and Emergency Medical Care - In the event that my/our child/children require emergency medical care I hereby GIVE MY PERMISSION to the authorized persons in charge of the Kids Cancer Care activities to secure treatment for and to AUTHORIZE HOSPITALIZATION, INJECTIONS, ANASTHESIA, or SURGERY as necessary for EMERGENCY CARE.
PARENT/GUARDIAN INITIAL: _____

I HAVE READ AND UNDERSTAND THIS AGREEMENT. I UNDERSTAND THAT THIS DOCUMENT CONTAINS A PROMISE NOT TO SUE "KIDS CANCER CARE" OR "KIDS CANCER CARE EMPLOYEES" AND A RELEASE AND INDEMNITY FOR ALL CLAIMS.

Signed this _____ day of _____ 201__, at _____, Alberta.

Parent/ Guardian Signature Parent/ Guardian Signature Witness Signature
Printed Name of Parent Printed Name of Parent Printed Name of Witness