



## Parent/Guardian Authorization Form

*\*The fields marked with an asterisk are mandatory\**

<b>Child/Youth #1</b>	<b>*Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to self-describe	
<b>*Last Name</b>	<b>*First Name</b>	Preferred Name
<b>*Date of Birth (MM/DD/YY):</b>		

<b>Child/Youth #2</b>	<b>*Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to self-describe	
<b>*Last Name</b>	<b>*First Name</b>	Preferred Name
<b>*Date of Birth (MM/DD/YY):</b>		

<b>Child/Youth #3</b>	<b>*Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to self-describe	
<b>*Last Name</b>	<b>*First Name</b>	Preferred Name
<b>*Date of Birth (MM/DD/YY):</b>		

Name(s) of adults who have permission to bring my children listed above, to Wellspring programs (please note that the assigned adult(s) will need to complete a Wellspring membership form before attending programs):

Name: \_\_\_\_\_ Relationship to Child(ren): \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child(ren): \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child(ren): \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child(ren): \_\_\_\_\_

<b>*Emergency Contact (person who will likely not be participating in the program that day) for all children listed above</b>		
<b>*First &amp; Last Name</b>	<b>*Phone Number</b>	<b>*Relationship to child(ren)</b>

To participate in Wellspring Alberta programs, we ask that you carefully read the following document and, if you are prepared to do so, sign it. The document says that you fully accept and assume all the risk and responsibility for any losses, costs, and damages that might result because of your participation in an activity sponsored by Wellspring Alberta.



## Child/Youth Release and Indemnity Form

Child(ren) Name(s): \_\_\_\_\_

In reading the document the following words are particularly defined:

**“Activity”** means any event or activity either organized or arranged by Wellspring Alberta or its Volunteers or Others that includes participation by you because of your association with the operations of Wellspring Alberta.

**“Loss”** includes personal injury, illness, death, property damage or other loss of any nature or kind however caused and whether arising by reason of the negligence of Wellspring Alberta, its employees, contractors, Volunteers or anyone else, or whether the loss is caused in some other way. **“Others”** includes any employees, contractors, agents or representatives of Wellspring Alberta.

**“Volunteers”** includes Wellspring directors and officers and any person volunteering in the organization or the running of Wellspring and with respect to an Activity, any person running the Activity, and the respective heirs, executors, administrators, and personal legal representatives of all of those people.

I agree to accept all responsibility and liability for any and all risks and hazards of Loss and for any Loss that I or my child may suffer in any way connected with an Activity of Wellspring Alberta. Wellspring Alberta, its Volunteers and Others are not responsible or liable for any Loss I or my child may suffer in any way connected with that Activity.

I will not sue or otherwise make a claim against Wellspring Alberta, its Volunteers and Others for any loss I or my child may suffer in any way connected with an Activity. I hereby give up my right to make any such claim and I hereby indemnify Wellspring Calgary, its Volunteers and Others for any claims, including any dependants’ claim for damages under applicable statutes or otherwise that may be made against them arising out of any Loss I or my child may suffer arising from my participation in an Activity, and as well as for any legal fees or other costs incurred in defense of any such claim.

I will indemnify Wellspring Alberta, its Volunteers and Others for any claims that may be made against them for any Loss I or my child may cause and for any legal fees or other costs incurred in defense of any that kind of claim.

I also agree that by signing this document I am agreeing for myself and my child, for my heirs, and for my executors, administrators, legal personal representatives and anyone else who may claim on my or my child’s behalf.

I have read this agreement and fully understand its terms. I particularly understand that I have given up substantial rights by signing it. I have signed it freely and without any inducement or assurance of any nature. I intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law. I agree that if any portion of this agreement is found to be invalid, notwithstanding that finding, the balance will continue in full force and effect.

### Parent or Guardian:

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_ Relationship to child(ren): \_\_\_\_\_

### Witness:

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_