2022/2023 Vegreville Programs Waiver/Release Form

<u>Note</u>: This is a blanket waiver for all programs your child may participate in at the Library in 2022/2023. Each year you will be required to fill out a new waiver. Some special programs/events may require additional waivers due to the nature of the program/event.

I,, being	the parent/guardian, ofdo	
hereby acknowledge the risk of injury inl	herent in the activities of the programs my child will be	
participating in (hereinafter referred to as	'Programs'). I agree that my child will be participating in	
	t they do so entirely at their own risk. I hereby agree that I	
	n Lights Library System, the Town of Vegreville, Vegreville	
	ce Network, Mental Health Capacity Building as well as their	
· · ·	aff and volunteers against all claims, damages and expenses	
that relate to my child who may be injured w	·	
that relate to my child who may be injured v	while participating in Frograms.	
The Programs staff reserve the right to refus	se or terminate participation at any time at their discretion.	
In keeping with the FOIP (Freedom of In	nformation and Protection of Privacy) Act of Alberta, all	
participants of any program under eighteen years of age must receive parental permission to:		
participants of any program and ongreeon	years or age mass receive parental permission ter	
 Have their photographs, names. 	and stories published by the Organization running the	
Programs.	and control parameter up and confirmation control of	
_	work displayed by the Organization running the Programs.	
nave men cranes, projects or written	. Work displayed by the organization running the riogianist	
I, parent/guardian of the above-mentione	ed child	
photograph, name and/or stories to be pu	ublished by the Organization running the Programs and for	
their crafts/projects or written work to be	displayed.	
Laive my concent for staff or voluntaers of	the Dragrams to call a modical practitioner or ambulance for	
I give my consent for staff or volunteers of the Programs to call a medical practitioner or ambulance for my child in the event of an accident or illness of a serious nature.		
my child in the event of an accident of lines	s of a serious flature.	
By signing this waiver and release form, I acl	knowledge that I have read and understood its conditions.	
Parent/Guardian Signature	Date	
Drinted Name	. With one Cimpature	
Printed Name	Witness Signature	

Please fill in reverse

2021/2022 Vegreville Programs Registration Form

Note: This is a blanket registration information form for the 2022/2023 year.

To register for any programs, you will still need to register as stated in the program advertising.

Your child may participate in any drop-in programming for their age group.

Age:
Phone #:
Contact #:
ns that you feel the staff should be aware may adversely affect the health of your

Note: Participants should not attend programs if they are experiencing symptoms of any type of illness.