

CCHA Youth Program

Youth/Children Registration Form

A program of the Cortes Community Health Association



Program Name(s): _____

Date: _____

Name of participant: _____

Age: _____ Date of birth: _____ PHN/BC health care number: _____

Medical conditions (previous concussions, medications, injuries?): _____

Allergies/Veg/Vegan: _____

Parent(s): _____

Phone: _____ Alternate phone: _____

Residential Address: _____

Email: _____

Emergency contact person(s): _____

Emergency contact number: _____

Please complete the waiver on the back of this form.



**RELEASE OF LIABILITY, WAIVER OF CLAIMS,
ASSUMPTION OF RISK AND INDEMNITY
AGREEMENT**

Please note that by signing this agreement, you give up the right to sue for any injury or damages, howsoever caused.

TO: The **Cortes Community Health Association (CCHA)** and its directors, officers, employees, representatives and agents (collectively called "the Agents").

I, _____ hereby sign this agreement on behalf of myself, my child, my personal representatives, heirs and assigns.

1. I agree as a precondition to my participation in all events organized by the **Cortes Community Health Association** and/or "the Agents" including, but not limited to the **Youth Programs** (collectively referred to as "the Activities") and in further consideration of the **CCHA** allowing me or my child to do so, that I will be strictly bound by the terms of this Release of Liability, Waiver of Claims, Assumption of Risk and Indemnity Agreement ("the Agreement").
2. I acknowledge that "the Activities" involve **inherent risks and dangers that may cause serious injury and possible death to participants.**
3. I fully understand the risks and dangers associated with my participation in "the Activities" and **accept same entirely at my own risk and that of my child's.**
4. I hereby **waive any and all claims** which I or my child may have against the **CCHA** and "the Agents" and the **CCHA** and "the Agents" from **all liability** for injury, death, property damage or any other loss sustained by me as a result of my participation in "the Activities", **due to any cause whatsoever; including negligence, breach of contract, or breach of any statutory or other duty of care** by the **CCHA** and/or "the Agents".
5. I appreciate that "the Agreement" limits the liability of "the Agents" to the same extent as it limits the liability of the **CCHA**, even though "the Agents" are not formal parties to "the Agreement".
6. I authorize any and all medical treatment for me or my child in the case of an emergency.

I AM THE PARENT AND / OR LEGAL GUARDIAN OF THE PARTICIPANT, I HAVE READ AND UNDERSTAND AND AGREE TO EXECUTE "THE AGREEMENT" ON BEHALF OF CHILD / WARD. I HEREBY AGREE TO INDEMNIFY AND SAVE HARMLESS THE CCHA AND AGENTS FOR ANY AND ALL CLAIMS, BY OR ON BEHALF OF OUR SAID CHILD IN RESPECT OF, OR ARISING OUT OF, ANY NEGLIGENCE, BREACH OF CONTRACT, BREACH OF STATUTORY DUTY OF CARE AS IT RELATES TO ALL THE EVENTS ORGANIZED BY the CCHA AND/OR "THE AGENTS".

Name of Child

Signature of parent/guardian

Date

Print Name