

# REGISTRATION AND WAIVER

## PARTICIPANT INFORMATION

Name \_\_\_\_\_

Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Sex:  Female  Male

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (    ) \_\_\_\_\_

## EVENT INFORMATION:

Event Location \_\_\_\_\_ Dates: \_\_\_\_\_

Facilitators \_\_\_\_\_

## HEALTH HISTORY (describe conditions and treatment where possible)

Allergies (ex. Insect bites, drugs) \_\_\_\_\_

Medications (ex, diabetes, epilepsy) \_\_\_\_\_

Other physical disabilities or chronic conditions (corrected vision/contacts, bum knee) \_\_\_\_\_

Emotional or behavioral disorders (phobias, counseling) \_\_\_\_\_

Swimming Level:  non-swimmer  poor  intermediate  strong  
 basic rescue  advanced  WSI

I, the applicant (parent or guardian of a minor applicant) assume full responsibility for the applicant's health being such that the activities will in no way aggravate any conditions present. If in doubt, medical advice will be sought and followed. The sponsoring agency will be notified of any changes in the applicant's health prior to trip departure. I declare the statements on this form to be true.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(parent or guardian of minor applicant under eighteen)

## FOREIGN SUBSTANCE POLICY ACKNOWLEDGMENT

The sponsoring agency of the aforementioned event has designated that all events be free from the use of alcohol, tobacco and illicit drugs. I acknowledge that I have been made aware of this and will adhere to the foreign substance policy of the sponsoring agency.

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

## PARTICIPANT ACKNOWLEDGMENT

Read each statement carefully before signing:

I, the applicant (parent or guardian of participants under eighteen) declare that:

1. The applicant has met all of the prerequisites required for participation in this activity.
2. The applicant agrees to abide by the rule and regulations imposed on participants by the agency and its staff.
3. The applicant understand and appreciates that there are a number of inherent risks involved in the activity which are beyond the control of the sponsoring agency or its staff and agrees to personally assume such risks.
4. The applicant understands that every care and attention will be given to the health and comfort of the participants, but the agency and/or leadership staff cannot be held liable for any injury sustained which were not directly caused by their failure to take due care.

I hereby authorize the leader of the event to secure such medical advice and services as may be deemed necessary for the health and safety of myself (or my daughter/son/ward) and I agree to accept financial responsibility in excess of the benefits allowed by provincial health insurance plans:

- a) where the health and well-being of the applicant is involved;
- b) where the medical advice has been such that further services are required - services which require the consent of a parent or guardian;
- c) where all attempts to contact the parent or guardian have failed or where due to that nature of the emergency there is insufficient time to contact such parent or guardian;

it shall be at the discretion of the leader of the event as to what steps must be taken for the welfare and safety of the applicant.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(parent or guardian of minor applicant under eighteen)

---

### Waiver of Claims and Release from Liability

The undersigned, in consideration of being permitted to participate in the aforementioned trip for education/recreation purposes does hereby irrevocably, personally and for his or her heirs, assigns a legal representative release and waive any and all past, present or future claims, demands, and causes of action which the undersigned now has or may in the future against the sponsoring agent, its members, representatives, officers, agents, employees, and each of them, for any reason and all past, present, or future loss of or damage to property and/or bodily injury, including death, however caused, resulting from, or arising out of or in any way connected with the aforementioned trip for educational purposes on the aforesaid dates.

The undersigned covenants not to cause any action at law or in equity to b rought or permit such to be brought in his or her behalf, either directly or indirectly, on account of loss or of damage to property and/or bodily injury, including death, against any of the aforesaid parties however caused, resulting from, or arising out of or in any way connected with the aforementioned trip, and agrees to save, indemnify, hold harmless, and defend at his or her sole expense, any and all of the aforesaid parties from any claims, demands, and causes of action which now or in the future be asserted against the aforesaid parties arising our of or by reason of said trip described above, including any incident, injury, loss, or damage that might occur at any place in connection therewith.

COLLEGE OF SAINT BENEDICT, SAINT JOHN'S UNIVERSITY, ORDER OF SAINT BENEDICT.

It is further expressly agreed that all activities shall be undertaken by the participant at participant's sole risk and that the sponsoring organization(s) shall not be liable for any claims, demands, injuries, damages, actions or causes of actions, whatsoever to the participant or property arising out of or connected with the activity, and the participant does hereby expressly forever release and discharge the sponsoring organization(s) from all such claims, demands, injuries, damages, actions or causes of action, and from all acts of active or passive negligence on the party of such sponsoring organization(s) as well as its servants, agents or employees.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(parent or guardian of minor applicant under eighteen)