



**Alberta Theatre Projects
Play Dates PD Day Camp
Consent of Parent or Guardian and
Acknowledgement of Risk**

PLEASE READ CAREFULLY

I, _____, the parent or legal guardian of _____ ("my child"), agree to the participation of my child in the Alberta Theatre Projects PD Day Camp program.

In consideration of Alberta Theatre Projects accepting my child as a participant in the program I agree and acknowledge as follows:

1. Alberta Theatre Projects reserves the right to cancel the program in whole or in part, including prior to the scheduled date of commencement, based upon security, health and safety conditions in the location(s) of or in the vicinity of the location(s) of the program.
2. I agree, for myself and on behalf of my child, to release Alberta Theatre Projects, its Board of Directors, employees, volunteers, artists, and program facilitators (collectively, the "Releasees") from any claims, losses, damages, liabilities and costs ("Losses") that I or my child, as the case may be, incur arising from or in connection with the program, except to the extent any such losses, damages, liabilities and costs arise directly from the negligence or willful acts or omissions of any of the Releasees. I acknowledge that none of the Releasees shall be responsible for any consequential, incidental, special or punitive losses, damages or costs incurred by me or my child arising in respect of the Program.
3. Without limiting the generality of section 2 above, I, for myself and on behalf of my child release the Releasees from any delays, acts, or omissions of any of the Releasees in respect of the Program arising from events beyond their reasonable control, or the acts or omissions of any other organization or individual over whom the Releasees have no direct control.
4. I agree, for myself and on behalf of my child to pay or reimburse the Releasees for any claims, losses, damages and costs arising from any acts or omissions of my child in connection with the Program resulting or arising from failure to comply with any directions or instructions given by any of the applicable Releasees.
5. I, on behalf of my child release the Releasees from any losses, liabilities, damage and costs that my child may incur arising from and during the course of transportation. I confirm and acknowledge that any injury, damage or loss incurred during the course of transportation during the participation of my child in the Program will not be compensated by the Releasees.
6. I freely and voluntarily acknowledge and assume on my behalf and on behalf of my child any of the risks and hazards, known and unknown, inherent in the nature of the Program and I understand and acknowledge that my child may suffer personal and potentially serious injury, loss or illness due to unforeseeable or unexpected events.
7. I am satisfied that I have been provided with the information about the Program provided by Alberta Theatre Projects and reserve the right to obtain additional information upon such basis as I determine.

8. My child has been informed by me that they shall comply with Alberta Theatre Projects' expectations, policies, and regulations, to be outlined by the program facilitators at the beginning of the day. I acknowledge that failure to do so may result in the exclusion of my child in Program activities.
9. If my child becomes ill or incapacitated, I acknowledge and agree that Alberta Theatre Projects, its employees and program facilitators, in the case of a medical emergency, may take actions they deem necessary, including securing professional medical treatment. I also acknowledge that Alberta Theatre Projects personnel shall make reasonable effort to contact the parent or guardian of a child in any medical emergency situation. Any costs associated with such medical treatments for my child are my sole responsibility and not of the Releasees.
10. I have listed all necessary medical and/or behavioral information on the registration form. I warrant that the medical information I have provided is complete and up to date. I consent to Alberta Theatre Projects sharing the medical information with the program facilitators. I have disclosed any known medical information concerning my child that may affect participation in the Program. I also acknowledge and agree that may refuse to accept my child or may remove my child from participation in the program as a result of any medical condition as the program facilitator shall determine, at their sole discretion.
11. I understand that I am solely responsible for any illegal activities of my child during the Program.
12. I confirm that this form shall be binding upon me and the other parent or legal guardian of my child and upon my child and if the other parent or guardian of my child shall commence any action or claim against any of the Releasees in respect of the matters herein notwithstanding the provisions hereof, I indemnify the Releasees from any losses, damages, liabilities and cost incurred by the Releasees or any of them in that regard.

Signed at Calgary, Alberta this ____ day of ____, 202__

Print Name

Signature of Parent/ Legal Guardian

Address

Telephone Number