



## Carleton Place Canoe Club

P.O. Box 155  
Carleton Place, Ontario  
K7C 3P3

## Waiver Form

Name:	
Address	
Municipality	Postal Code:
Home phone #:	Parent work phone #:
Health Card Number:	Health concerns/allergies <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe briefly any medical concerns in case of emergency treatment:	
Name to contact in case of emergency:	Phone #:

### Participant's Release:

In acceptance of this application, I intend to be legally bound and do hereby for myself, my heirs and assignees, waive, release and forever discharge any or all rights and claims for damages, which may hereafter occur to my child, against the Carleton Place Canoe Club, the Canadian Canoe Association and any Division or affiliated Canoe Club and any coach or officer of any such organization in connection with the planned field trip to the Carleton Place Canoe Club.

I understand that participation in sports activities creates an inherent high degree of risk of injury. I hereby agree to assume and be responsible for all risks and hazards incidental to such participation.

If my child should sustain any injury while participating in this program, I hereby give permission for my child to receive emergency health care, including transportation to the nearest emergency health care unit, as may be deemed appropriate by the coaches or supervisors of the Carleton Place Canoe Club or any medical health care provider. I agree to be responsible for all costs which may arise from such emergency treatment.

It is understood that the parent/guardian signature below indicates that my child can swim adequately, and that the Carleton Place Canoe Club will not be liable for property loss or any injury arising from participation in any program, or use of any equipment of the Carleton Place Canoe Club.

Parent/Guardian Signature	Date:
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**Note: Completed waiver forms must be handed in to club representative before first session**