



Kids & Kops Summer Youth Program Waiver Form

Program Date: Tuesday, July 8th - July 11th, 2025

(To be completed along with the registration form)

Participant's Full Name: _____ Date of Birth: _____

Parent/Guardian Name: _____

PLEASE READ CAREFULLY BEFORE SIGNING

This waiver and release form outlines important legal rights and responsibilities. It is required for your child to participate in the Kids & Kops Youth Program.

Please check each box to indicate your understanding and agreement.

In this agreement, the term "Camp Facilitator" refers to any person involved in the delivery of the Kids & Kops Program and "program" shall refer to the Kids & Kops Summer Youth Program from this point forward.

TO: This waiver applies to the Blood Tribe Police Service, including all officers, representatives, employees, volunteers, contractors, and individuals acting on their behalf.

ASSUMPTION OF RISKS:

I understand and accept that my child's participation in this program may involve risks. I agree to accept these risks, including but not limited to:

- ☐ Use of equipment & materials: Activities may involve physical tools, props, or safety gear that carry possible risks of injury or loss; the provision of or the failure by the Camp Facilitator to provide any warnings, directions, instructions or guidance as the use of the equipment or materials.
- ☐ Child's own conduct and behaviour: I acknowledge that my child's actions or choices may affect their safety or the safety of others, especially during physical or group activities.
- ☐ Conduct of others: I understand that risks may arise from the actions or conduct of other participants, the Camp Facilitator, or members of the **Blood Tribe Police Service**, despite all reasonable safety measures.
- ☐ Advice or direction of staff or guests: My child may receive guidance or instructions as part of the program, which may include negligent advice and could increase the risk of personal injury or loss.
- ☐ Use of Third-Party Facility: Some program components may take place at on external locations not owned by the **Blood Tribe Police Service**, which may involve risks beyond the direct control of the Camp Facilitator.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT:

In consideration of my child being able to participate in this program, use any equipment and facilities, I hereby agree as follows:

1. **TO WAIVE ANY AND ALL CLAIMS** against the **Blood Tribe Police Service** and **TO RELEASE** the **Blood Tribe Police Service** from any and all liability for any loss, damage, expense or injury including death that my child may suffer as a result of their participation in this program **DUE TO ANY CAUSE WHATSOEVER**.
2. **TO HOLD HARMLESS AND INDEMNIFY** THE **Blood Tribe Police Service** from any and all liability for any damage, loss, expense, or injury, including any liability for any damage, loss, expense, or injury to any third party resulting from my child's participation in this program.
3. Despite the risks that may be associated with this program, and fully understanding such risks, I wish my child to participate in this program, and **I FREELY ACCEPT AND FULLY ASSUME** all such risks and the possibility of personal injury, death, property damage, and loss resulting therefrom.
4. This agreement shall be effective and binding upon my child's heirs, next-of-kin, executors, administrators, assigns and representatives, in the event of my child's death or incapacity.

SAFETY: I am aware that the Camp Facilitator is available to answer any questions I may have as to the proper use of equipment.

INSURANCE: I am aware that the **Blood Tribe Police Service** does not provide my child with any disability, accident, liability, or medical insurance or compensation, should my child become injured or cause personal injury or property damage to any third party while participating in this program.

JURISDICTION: This agreement and any rights, duties, and obligations as between the parties to this agreement shall be governed by and interpreted solely in accordance with the laws of the Province of Alberta, and I agree to submit solely to the jurisdiction of the Courts of the Province of Alberta. Any litigation involving the parties to this agreement shall be brought solely within the Province of Alberta and shall be within the exclusive jurisdiction of the Courts of the Province of Alberta.

By signing below, I agree that I have carefully read this agreement and understand its content. I am aware this is a release of liability, waiver of claims, assumption of risks, and indemnity agreement, I sign voluntarily and allow my child to participate in the program.

Parent/Guardian's Signature

Date

Print Parent/Guardian's Name

Number

Witness