

The Alice Sanctuary

LIABILITY WAIVER

Youth

thealicesanctuary.org
info@thealicesanctuary.org
phone: 403-305-5324

Name of Participant (under 16 years of age): _____

Date of Birth _____

I, _____ (Print name of Participant), do hereby acknowledge and assume the risk of participation in any and all activities at The Alice Sanctuary (TAS). I do hereby acknowledge that I will release TAS, its officers, staff members, volunteers, advisors, property owners, and/or agents, of and from any and all claims which may hereafter develop or accrue to them on account of injury, loss, or damage, which may be suffered by myself or to any property, because of participation in any activities at TAS.

I understand that I am not covered by workers' compensation or any other insurance policy through TAS for any damages or injuries I may sustain during my activities at TAS.

I understand that while at TAS, I may have access to confidential information about donations, donors' contact information, etc., and I agree to keep any such information confidential.

I give my consent for my email address _____ (email) to be put on the TAS mailing list, which will receive newsletters, updates, fundraising emails, etc. I understand that I may ask to be removed from the list at any time.

Please notify the following individual(s) immediately in the event of a medical emergency:

Name _____ Relationship _____

Street Address _____

City, Province, Postal Code _____

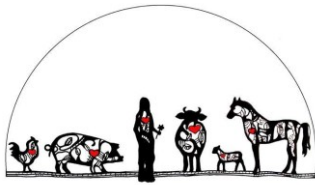
Phone Number(s) _____

Any medical conditions or medications that emergency personnel should be aware of:

I, _____ Name of Parent or Guardian, agree to accompany or have another adult accompany the Participant at all times while they are involved in any activity on the premises, and acknowledge that I am fully and totally responsible for the above Participant at all times while he/she is participating in any activity at The Alice Sanctuary.

Name of Participant: _____

Name of Parent or Legal Guardian: _____



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Signature of Parent or Legal Guardian: _____

Today's Date: _____

PHOTOGRAPHIC RELEASE:

I give my consent to have the Participant's photo taken while at The Alice Sanctuary, with the understanding that it may be used on the organization's social media page(s), website, or print materials for promotional purposes. I understand that neither the Participant nor I will receive compensation for giving this permission. I also understand that I may withdraw my permission at any time by contacting The Alice Sanctuary, but that doing so does not guarantee the photo(s) cannot still be accessed by the public.

Name of Participant: _____

Name of Parent or Legal Guardian: _____

Signature of Parent or Legal Guardian: _____

Today's Date: _____