CYAN Castlegar Youth Action Network
Youth Program Permission and Waiver Release of Liability Form

Updated: Version February, 2025

Participant Information

Name:_____ Age:____ Birthday:_____ Phone: (Mom) _____
(Dad):_____ (Youth): _____ or (Guardian): _____

Address:_____ Email:_____

Emergency Contacts #1: x_____

#2: x_____

MSP # In Case of Emergency Any Medical Conditions/Allergies, (Asthma, bee allergies, needs epi pen?)
x_____

Name: (youth) x_____

Name: (Parent or Guardian) x_____

Permission for photo media, and video use in Publicity

On occasion, Castlegar and District Community Services Society (CDCSS) takes photographs or makes an audio or video recording of youth and/or adults involved in CDCSS/youth activities. I consent to the use of any such audio or video record of the one named above to be used, distributed or displayed as CDCSS see fit.

☐ I give permission for publicity ☐ I do not give permission for publicity

Release of Liability x

By signing this waiver form, I acknowledge the following;

- I am physically and mentally able to participate in youth group activities, unless I have already discussed it with one of the leaders. I acknowledge that there are certain risks involved in said activities.

- I release CDCSS, its affiliates, volunteers, and employees of all responsibilities for any injuries, to body or property, which may occur to me, during these activities. In the event of an emergency in which I, or the alternate contact, cannot be reached, I authorize the adult leaders to make medical decisions for me, to administer first aid if deemed necessary. Calling medical assistance will always be the first step.

- I further agree that CDCSS and its affiliates, volunteers, and employees are not held responsible for any and, all claims arising from my participation in activities or as a result of my injury or illness during such activities.

I have read the waiver in its entirety and I am fully aware of its contents.

Signature of youth or adult/volunteer participant: x_____Date: _____

Signature of parent(s) or guardian(s): x_____Date: _____

Parent or guardian of participant under the age of 18

By signing this waiver form I grant permission for the child named above to participate in and engage in the CDCSS events. I will acknowledge and agree to the above and to the following points.

- My child is physically and mentally able to participate in these activities, unless I have already discussed it with one of the leaders. I acknowledge that there are certain risks involved in any activities my child participates in on or off site through Castlegar and District community Services Society's (CDDCSS) Youth Action Network (YAN) Program activities and events. I have/will discuss any risks with my child if necessary.

- I release CDCSS, its affiliates, volunteers, and employees of all responsibilities for any injuries, to body or property, which may occur to my child during my child's participation in any on or off site, activities or events offered through Castlegar and District Community Services Society's (CDCSS) Youth Action Network (YAN)Program.

- In the event of an emergency in which I, or the alternate contact, cannot be reached, I authorize the adult leaders to make medical decisions for my child, and to administer first aid if deemed necessary. Calling medical assistance will always be the first step.

- I further agree and will sign below to verify that CDCSS and its affiliates, volunteers, and employees are not held responsible for any claims arising from the participation of my child in activities or as a result of injury or illness of my child or mine during such activities.

- <u>On occasion a child, youth or parent(s) access or have accessed other services through CDCSS, including, but not limited to counseling. I understand that in some cases, limited and specific information may be shared between CDCSS staff and CYAN staff pertaining to myself or my child/youth, only if there is a determined risk to safety of my child/youth, myself or someone else.</u>

I represent that I am the participant, (Name youth or volunteer)_____ and parent/guardian of (Name)_____, who is under 18 years of age.

- I have read the Permission/Waiver and I am fully aware of its contents. I give permission for the child named above to participate fully in the activities of CDCSS.

Signature of youth or adult volunteer: x _____ Date: x_____

Signature of Parent or Guardian (if participant is under 18 years of age):

x_____ Date: x _____