

Part C – Continued

If the participant described in Part A is 16 or 17 years of age they and a parent or legal guardian are required to sign below.

If the participant, described in Part A is under the age of 16 years, only a parent or legal guardian is required to sign.

My child _____, a minor pursuant to the *Age of Majority and Accountability Act*, has my permission to participate in the program/activity outlined in Part B. As the parent/legal guardian, my child and I fully understand and have full knowledge of the nature and extent of the **risks** involved with my child participating in the program/activity outlined in Part B. I, and my child agree to indemnify and hold harmless the contract holder and the City of Ottawa liable from all claims, demands, causes of action, loss, costs or damages that the User Organization and the City of Ottawa may suffer, incur or be liable for in relation to any injury my child may suffer or cause to others in connection with my child's negligence or actions while my child is participating in the program/activity outlined in Part B. I, and my child hereby release, waive, and discharge the contract holder and the City of Ottawa from all liability to our heirs, executors, administrators, and assigns for all loss or damage and any claims or demands for such loss or damage on account of injury to person or property.

By signing this document, I/my child understand, my child will be assuming injury and certain legal risks. You and your child must acknowledge having read, understood and agree to the conditions contained in this Agreement

_____ Parent/Legal Guardian, print your name	_____ Signature of Parent/Legal Guardian	____ / ____ / ____ MM DD YYYY
_____ Participant print your name, if 16 or 17 years of age	_____ Signature of participant/volunteer, if 16 or 17 years of age	____ / ____ / ____ MM DD YYYY
_____ Witness, print your name	_____ Signature of Witness	____ / ____ / ____ MM DD YYYY

Part D - Contact Information for Medical Emergency

In case of an emergency, please provide the following contact information:

Name: _____

Relationship: _____

Address: _____

Tele. No.: _____(H) _____(O)

Part E - Special Needs Information

Please identify any special needs the participant described in Part A may have while taking part in the program/activity described in Part B.

Freedom of Information Statement

I, _____ authorize the user/organization identified in Part A to collect and use the personal information on this form for the purpose of the management and administration of the program/activity detailed in Part B. I authorize the user/organization to disclose such personal information to third parties, as may be required for this purpose, including legal and insurance companies. The user/organization may also be required or permitted to disclose such personal information pursuant to relevant privacy laws or other laws.

Signature of Participant/Legal Guardian

____ / ____ / ____
MM DD YYYY