

2021 SUMMER PROGRAMS REGISTRATION & RELEASE FORM

I _____ give _____ permission to
(Parent/Guardian's Name) (Child's Name)
participate in the Westlock Rotary Spirit Centre/Aquatic Centre **Summer Programs**.

Age: _____ Date of Birth: _____ Male/Female: _____

Any **Allergies** (food, environmental, medical, etc.): _____

Signs of allergic reaction include: _____

Any **Medical Information** (asthma, illnesses, needed medication, behavior, etc.): _____

Name(s) of those who have permission to pick up your child: _____

Parent(s)/Guardian(s) Name(s): _____

Phone Number(s): **home:** _____ **cell:** _____ **work:** _____

Emergency Contact Name: _____ Relationship: _____

Phone Number: _____

In signing this document, I **agree** to allow my child _____ to
(Child's Name)
participate in the Westlock Rotary Spirit Centre/Aquatic Centre Summer Programs, and in doing
so, I **am acknowledging the risks** associated with the Summer Activity(s).

Parent/Guardian Signature: _____ **Date:** _____

Program Specific Child Photo- Release

The Town of Westlock may take pictures and/or videos of children enrolled in the above noted program for use in promotional materials.

We would like your consent to include your child's image in this project.

I am the legal guardian of the child/ children listed below, and by signing this release hereby authorize the Town of Westlock and its agents to use my child's image in its public relations and communications materials. This consent is valid for any materials created for five years after date of signing. I realize that I may withdraw my consent in writing at any time by contacting the Town of Westlock FOIP Coordinator at 780-349-4444 or via email at info@westlock.ca.

In giving my consent, I hereby release and hold harmless the Town of Westlock and their agents, employees, officials, representatives and contractors from any and all responsibility or liability for damage of any kind suffered in any manner whatsoever.

I hereby relinquish any and all personal or proprietary rights I may have in connection with such use. I understand that I will receive no compensation should my child's image be used.

I do not want pictures and/or videos of my child placed on any of the Town's electronic media or used for any promotional materials.

Names of Participant(s): _____

Name of Legal Guardian: _____

Email Address: _____

Phone Number: _____

Date: _____ Signature: _____

Please Note: The Town of Westlock does not normally supervise or restrict members of the public from taking pictures of people participating in programs or classes; however, we ask that you respect the privacy of other participants/ family members by accepting their right to refuse to be photographed.

Internal Use Only

Brief Description of subject(s): _____

Other information: _____

Personal information is being collected under the authority of section 33© of the *Freedom of Information and Protection of Privacy Act* and will be used to manage and administer the Town of Westlock's photo/video collection. If you have any questions regarding the collection, use or disclosure of this information, contact the FOIP Coordinator at 780-349-4444.