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Event Waiver for Participant Programs

THIS IS A RELEASE OF LIABILITY – READ BEFORE SIGNING

NOTE: THIS FORM MUST BE READ AND SIGNED BEFORE THE PARTICIPANT IS ALLOWED TO TAKE PART IN ANY DSAK SPONSORED EVENT ; OR RECREATIONAL /ACADEMIC PROGRAM OPERATED BY The Down Syndrome Association of Kingston (DSAK).

PROGRAM/ EVENT NAME: _____

CHILD/PARTICIPANT NAME (*Please Print*) _____

CHILD/PARTICIPANT NAME (*Please Print*) _____

EMERGENCY CONTACT NAME _____

EMERGENCY PHONE NUMBER _____ (cell) _____ (other)

IN CONSIDERATION of being permitted to participate in any way in the "Event/Program" being held by DSAK I (Parent/guardian name), _____, acknowledge, appreciate and agree that:

1. The Event/Program shall include, but is not limited to, all running, walking, physical fitness activities, free play, pre-event and post event activities related thereto, competitions, demonstrations, instructional clinics, seminars and sessions and all other such activities, event or services in any way provided arranged, organized, conducted, sponsored, authorized or connected with or related to the Event organizers;
2. I know that participating in physical activity or play is a potentially hazardous; I am satisfied and believe that I am physically, emotionally and mentally able to participate in this Event/Program and I should not participate without my physician's approval;
3. I am familiar with and accept that there is a risk of injury, possibly of a serious nature in participation in the Event/Program;
4. Injuries may include but are not limited to, bruises, abrasions, strains, sprains, muscular injuries, fractures, back injuries, joint injuries, concussions, sunburn, heat stroke paralysis and death;
5. Injuries may result from, without limitation, contact with other persons or objects, course conditions, weather conditions, slipping tripping and/or falling;

