

## Program Registration & Release Form

I \_\_\_\_\_ give \_\_\_\_\_ permission to  
(Parent/Guardian's Name) (Child's Name)

participate in the Westlock Rotary Spirit Centre/Aquatic Centre Programs.

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

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*Please note: the following section pertaining to allergies and medical information is strictly for staff to be aware of conditions to watch out for. By no means will staff treat any medical situations, should any arise while your child is participating in a program.*

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

**Signs of allergic reaction include:** \_\_\_\_\_

Any **Medical Information** (asthma, illnesses, needed medication, etc.): \_\_\_\_\_

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Any **Behavioural Information** (mental illness, learning disabilities, etc.): \_\_\_\_\_

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**Name(s) of those who have permission to pick up your child:** \_\_\_\_\_

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Parent(s)/Guardian(s) Name(s): \_\_\_\_\_

Phone Number(s): **home:** \_\_\_\_\_ **cell:** \_\_\_\_\_ **work:** \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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In signing this document, **I agree** to allow my child \_\_\_\_\_ to  
(Child's Name)

participate in the Westlock Rotary Spirit Centre/Aquatic Centre Program, and in doing so, **I am acknowledging the risks** associated with the Activity(s).

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The Town of Westlock may take pictures and/or videos of children enrolled in Town programs for use in promotional materials.

We would like your consent to include your child's image in promotional materials.

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 Legislative Services at 780-349-4444 or via email at [info@westlock.ca](mailto: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.

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Internal Use Only

Brief Description of subject(s): \_\_\_\_\_

Other information: \_\_\_\_\_

Personal information is being collected under the authority of section 33c 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 Legislative Services at 780-349-4444.