

RPAN YOUTH PROGRAMMING REGISTRATION AND WAIVER FORM 2023



PLEASE CHECK THE PROGRAMS YOU ARE INTERESTED IN PARTICIPATING IN:

WINTER CAMP WEEK 2023

FIRST NAME: _____ LAST NAME: _____

DATE OF BIRTH: _____

ADDRESS: _____

PHONE: _____

PARENT /GUARDIAN: _____

PARENT/GUARDIAN PHONE: _____

MEDICATION / MEDICAL CONDITIONS: _____

ASSUMPTION OF THE RISK AND WAIVER OF LIABILITY RELATING TO CORONAVIRUS / COVID 19

Although every precaution leading up and during the RPAN Programming to protect the youth and community from Covid 19, there is always a chance that exposure or infection may result in personal injury, illness, permanent disability or death. I understand that the risk of becoming exposed to or infected by COVID-19 at all events may result from the actions, omissions, or negligence of staff, volunteers, third parties and/or families and participants. I am unable to hold the Hamlet/Municipality, Government of Nunavut, Recreation and Parks Association of Nunavut, or any other partners responsible for any issues as a result of COVID19.

I voluntarily agree to assume all of the forgoing risks and accept responsibility for any injury to my child or myself (including but not limited to personal injury, disability or death) during my / my child's participation in these clinics.

CONSENT FOR USE OF PERSONAL INFORMATION AND PHOTO RELEASE

1. I, the participant, authorize RPAN (collectively the "Organization") to collect and use personal information about me for the purpose of receiving communications and the purposes described in the Organization's privacy policy.
2. Furthermore, I give RPAN permission to record the image and or voice of the minor named above, and I grant RPAN all rights to use the sound, still, or moving images in any medium for educational, promotional, advertising, or other purposes that supports the mission of our organization. I agree that all rights to the sound, still or moving images belong to RPAN.
3. I understand that I may withdraw such consent at any time by contacting the Organization's Executive Director. The Executive Director will advise the implications of such withdrawal.

We do not sell or distribute your personal information to any other third party not listed herein.

I declare that the above-named participant is doubled vaccinated against COVID -19.

I acknowledge that I have read this registration agreement in its entirety and that I have executed this registration agreement voluntarily.

Signature(s) of person(s) giving consent

Date