

**Pregnancy Care Centre & Infant Food Bank
PARTICIPANT WAIVER & INDEMNITY AGREEMENT**

PLEASE READ CAREFULLY
BY SIGNING THIS FORM YOU MAY GIVE UP CERTAIN LEGAL RIGHTS

CONSENT OF PARENT/GUARDIAN IS REQUIRED FOR PARTICIPANTS WHO ARE NOT 18 OR OLDER

NAME OF PARTICIPANT: _____
ADDRESS OF PARTICIPANT: _____
PHONE NUMBER(S): _____
BIRTH DATE: _____ PROVINCIAL HEALTH #: _____
FAMILY DOCTOR: _____ PHONE NO.: _____
EMERGENCY CONTACT PERSON: _____
RELATIONSHIP: _____ PHONE NO.: _____
ALTERNATE CONTACT PERSON: _____
RELATIONSHIP: _____ PHONE NO.: _____
HEALTH CONCERNS (Please indicate any allergies, health problems, medications, or other health concerns)

IN CONSIDERATION OF being permitted to participate in _____, I the undersigned participant, hereby release and undertake and agree to save harmless and keep indemnified Pregnancy Care Centre & Infant Food Bank, its principals, officers, agents, officials, servants, organizers and representatives from and against all claims, actions, costs and expenses and demands whatsoever in respect of death, injury, loss or damage to my person or property, howsoever caused, arising out of or in connection with my participation in _____ and regardless of whether same may have been contributed to or occasioned by the negligence of Pregnancy Care Centre & Infant Food Bank, its principals, officers, agents, officials, servants, organizers and representatives.

IF THE PARTICIPANT is under eighteen (18) years of age, in consideration of the Participant being permitted to engage and take part in _____ offered, carried on, sanctioned or sponsored by Pregnancy Care Centre & Infant Food Bank, the undersigned Parent or Guardian of the Participant hereby releases and undertakes and agrees to save harmless and keep indemnified Pregnancy Care Centre & Infant Food Bank, its principals, officers, agents, officials, servants, organizers and representatives from and against all claims, actions, costs and expenses and demands whatsoever in respect of death, injury, loss or damage to the person or property of the Participant, howsoever caused, regardless of whether same may have been contributed to or occasioned by the negligence of Pregnancy Care Centre & Infant Food Bank, its principals, officers, agents, officials servants, organizers and representatives.

It is hereby acknowledged that the contents hereof are fully understood by the Participant (and Parent/Guardian) who agree(s) that same shall be binding upon (his/her/their) heirs, successors, executors, administrators and assigns.

Participant signature _____

Parent/guardian signature _____

Witness _____

Date: _____