



**Elbow Valley Residents Club**  
100 Misty Morning Drive  
Calgary Alberta T3Z 2Z7

## **INFORMED CONSENT AND WAIVER OF LIABILITY FOR MINORS**

### **MUST BE SIGNED BY SOMEONE 18 YEARS OR OLDER**

I, the undersigned, as parent or legal guardian of (*child's name*) \_\_\_\_\_, age (*include date of birth*) \_\_\_\_\_ do hereby agree on behalf of (*child's name*) \_\_\_\_\_, that, as a condition of use of the facilities of the Elbow Valley Residents Club, I do hereby assume all risk of personal injury, death or property loss resulting from any cause whatsoever including but not limited to, the inherent risks of boating or swimming, and use of the boats and lakes available to Elbow Valley residents through the Elbow Valley Residents Club, and I hereby release the Elbow Valley Residents Club, its staff, committee members, and Board of Directors from any and all claims that I might have for personal injury, death, or property loss whether based on allegations of negligence or not.

I, the undersigned, agree on behalf of (*child's name*) \_\_\_\_\_, that the Elbow Valley Residents Club and its staff, committee members and Board of Directors shall not be liable for such personal injury, death or property loss, and I waive all claims with respect thereto.

I understand that it is my child's responsibility to abide by the Elbow Valley Resident Club Rules and Regulations attached. I have explained to my child the need to follow the Rules and Regulations attached and any instructions given by any Elbow Valley Residents Club Staff while utilizing these facilities.

I acknowledge that any damage to Elbow Valley Residents Club property and equipment is the financial responsibility of the user's parent(s), or legal guardian.

I am aware, having read the following, that the liability of the Elbow Valley Residents Club is excluded by the terms of this waiver.

Dated in Rocky View County, Alberta, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Signature: \_\_\_\_\_ Print name: \_\_\_\_\_  
(Parent or Legal Guardian)

Email: \_\_\_\_\_

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

Address: \_\_\_\_\_

### **EMERGENCY NOTIFICATION**

Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Phone #: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Alternate Phone #: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

Are there any medical concerns that we should be aware of?