

# IQALUIT SKATE CAMP 2015

## 13-18 YEARS OLD REGISTRATION

### Participant Information

Name: \_\_\_\_\_

D\_\_\_\_ M\_\_\_\_ Y\_\_\_\_ Age: \_\_\_\_ Male \_\_\_\_ Female \_\_\_\_

House # \_\_\_\_\_ Phone# \_\_\_\_\_

Health Care Number \_\_\_\_\_

### Medical History

Allergies YES\_\_\_\_ NO\_\_\_\_

If yes please describe \_\_\_\_\_

Medications YES\_\_\_\_ NO\_\_\_\_

If yes please describe \_\_\_\_\_

Additional Information \_\_\_\_\_

### Contact Information

\_\_\_\_\_  
Contact Person (List relation)

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Alternative Contact (List relation)

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Home Phone

### Skate Camp 2015 Hours

Wednesday, August 26 1:00p.m.-5:00p.m.

Thursday, August 27 9:00a.m.-5:00p.m.

Friday, August 28 9:00a.m.-5:00p.m.

Saturday, August 29 12:00p.m.-3:00p.m.

**No lunchtime supervision, all participants must be picked up from 12:00p.m.-1:00p.m.**

***\*Tobacco Education Workshop on Thursday from 3:00p.m. – 5:00p.m. Pizza and refreshments provided!***



**Has No Place Here**  
NUQUITS.CA | 1.866.368.7848

Complete and fax to (867) 975-5799 or  
Email with photo to  
rwassink@gov.nu.ca  
(Department of Health)



## **Photo/Video Release Approval**

Department:	Health
Subject/Title:	Iqaluit Skate Camp 2015
Brief Description:	Annual Summer Skateboarding Camp at the Iqaluit Skate Park

### **Signed off by:**

Photographer Name	Date	Signature

### ***\*For photographer and subject\****

By submitting this form I acknowledge that I freely agree to submitting photo(s)/videos or being the subject(s) of a photo/video to the Department of Health for use at the Iqaluit Skate Park on \_\_\_\_\_.

I provide complete authorization and give consent to publish this photo/video.

I have not been promised nor do I expect to receive any financial compensation for this submission now or in the future. I hold the Government of Nunavut free from any legal and/or monetary consequences for utilizing this information as outlined.

***You must print your legal name in the space provided below and print today's date.***

Individual/Subject in photo - Name	Name Parent/Guardian if applicable	Date	Signature

**Please Print – Complete Mailing Address of people in photo(s)**

### **Departmental Contact**

Ron Wassink, Communications Specialist, Department of Health  
Telephone Number: 867-975-5710



## City of Iqaluit Photo RELEASE

I hereby grant the City of Iqaluit approval to publish photographs in the likeness of a child (the "Child") named below for which I am parent or guardian. Photographs may be used for City of Iqaluit publications including but not limited to brochures, advertising and for use on the City of Iqaluit Web Site.

In the event that the City of Iqaluit uses a photograph depicting the Child, in consideration of the publishing of such photograph, and for other good and valuable consideration herein acknowledged as received, the undersigned hereby grants to the City of Iqaluit, its heirs, legal representatives and assigns, those for whom the City of Iqaluit is acting, and those acting with its authority and legal permission, the irrevocable and unrestricted right and permission to copyright in their own name or otherwise, and in part, or composite or distorted in character or in form, without restriction as to changes and alterations, in conjunction with the Child's name or a fictitious name, or reproductions thereof in color or otherwise, made through any medium and in any and all media now or hereafter known for illustration, promotion, art, editorial, advertising, trade, or any other purpose whatsoever. I also consent to the use of any printed matter in conjunction herewith.

I hereby waive any right that I may have on behalf of the Child to inspect or approve the finished product or products and the advertising copy or other matter that may be used in conjunction therewith or the use to which it may be applied.

I hereby release, discharge and agree to save harmless the City of Iqaluit, its heirs, legal representatives and assigns, and all persons acting under the City of Iqaluit's permission or authority or those for whom it is acting, from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise that may occur or be produced in the taking of said picture or in any subsequent processing thereof, as well as any publication thereof, including without limitation any claims for libel or invasion of privacy.

I hereby warrant that I am the parent or guardian of the child named below, am of full age and have the right to contract in my own name. I have read the above agreement and release the City of Iqaluit to publish the photograph(s) for its purposes. Photo taken in Iqaluit, NU, during the Iqaluit Skate Camp Program between **Wednesday, August 26, 2015 – Saturday, August, 29, 2015.**

\_\_\_\_\_  
Name of the Child

\_\_\_\_\_  
Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

## City of Iqaluit Waiver

**Skate Camp – August 26- 29 2015**

**City of Iqaluit**



**IMPORTANT – PLEASE READ CAREFULLY. YOU ARE SIGNING AWAY LEGAL RIGHTS ON BEHALF OF YOUR CHILD AND YOURSELF**

**IF YOU HAVE ANY QUESTIONS OR CONCERNS ABOUT THIS WAIVER PLEASE CONTACT THE CITY OF IQALUIT PRIOR TO SIGNING AT 979-5620. Completed waiver must be submitted to the Recreation Department by Friday, August 21, 2015.**

Participant's Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Contact Number ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

The City of Iqaluit Skate Camp strives to provide a safe, clean and fun atmosphere.

In Consideration of my child's voluntary participation in the Program in Iqaluit, Nunavut, including all Program Activities planned throughout the City of Iqaluit, I acknowledge and agree on behalf of myself and my child identified above that:

1. The risk of serious injury from participating in the Program Activities, although minimal, does exist;
2. My child is physically fit to participate in the Iqaluit Skate Camp and I agree that all Program Activities are appropriate for my child;
3. I, for myself and my child, knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the City of Iqaluit and assume full responsibility for my child's participation at the Program;
4. I and my child willingly agree to comply with the stated Terms and Conditions for participation and to obey the direction and requests of the City of Iqaluit staff. If I observe any hazards during my presence or my child's participation, I will remove myself and my child from the participation and immediately bring the said hazard to the attention of the nearest City of Iqaluit **Recreation Department** Employee;
5. I, for myself, my child and on behalf of my heirs, assigns, personal representatives, insurers and next of kin, HEREBY WAIVE, RELEASE, AND HOLD HARMLESS, the City of Iqaluit and its agents, employees, volunteers, officers and directors (collectively the "City of Iqaluit") from any and all claims, demands, lawsuits, actions, causes of action, complaints, litigation, costs (including legal costs or fees) or liabilities arising out of, or in any way related to, any loss, damage, expense or injury (whether to person or property) that I or my child may suffer as a result of my child's participation in the Camp, due to any cause whatsoever;
6. I AGREE TO HOLD HARMLESS AND INDEMNIFY the City of Iqaluit from any and all claims, demands, lawsuits, actions, causes of action, complaints, litigation, expenses, costs (including legal costs or fees) or damages (whether to person or property), of any kind or nature whatsoever, that they might suffer or incur arising out of or in any way related to my minor child's involvement or participation in the Camp; and
7. This release and waiver extends to all acts of negligence by the City of Iqaluit and is intended to be as broad and inclusive as permitted by the laws of the Nunavut Territory, and of Canada as applied in Nunavut, and if any portion of the agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP RIGHTS TO MYSELF AND MY CHILD BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT INDUCEMENT.

X \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian

X \_\_\_\_\_  
Witness

\_\_\_\_\_  
Witness Name – Printed

# Assumption of Risk

**While unlikely, there are some consequences of participating in the following planned activities, that could cause serious injury.**

Activities that may be included during the Iqaluit Skate Camp 2015 include:

- Travel to and from sites for activities including walking, taxi;
- Sport activities both indoor and outdoor;
- Indoor and outdoor games;
- Competitive activities;
- Arts and Crafts; including painting
- Ice Skating at Old Arena ;
- Skateboard and/or Inline Skating at the Skatepark;
- Special Events; BBQ

I HAVE READ THIS ASSUMPTION OF RISK, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP RIGHTS TO MYSELF AND MY CHILD BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT INDUCEMENT.

X \_\_\_\_\_  
Parent/Guardian

Date \_\_\_\_\_

X \_\_\_\_\_  
Witness

\_\_\_\_\_  
Witness Name – Printed



**Iqaluit Skate Camp 2015  
WALKING HOME CONSENT FORM**

**Child/ren's Name:** \_\_\_\_\_

**Does your child/ren have permission to sign themselves out from program each day and walk home by themselves?** (check one) (This includes lunch time)

- ☐ **NO**, my child/ren does not have permission to walk home alone and must be signed out by a parent/guardian in order to be dismissed from the program.
- ☐ **YES**, my child/ren has permission to sign themselves out and walk home from program each day.

**Main Parent/Guardian for sign out:**

Name: \_\_\_\_\_

Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

**Additional persons who have been granted permission to pick up child/ren:**

Name: \_\_\_\_\_

Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date