

YORK REGIONAL POLICE

Terms of Participation, Waiver of Liability and Photo Release Agreement

1. Terms of Participation:

To minimize the risks to your child, we have implemented the following guidelines that will be applied to all youth attending the Program.

- (a) **The possession and/or consumption of any non-prescribed mood altering substances is strictly prohibited.**
- (b) **Intentional misbehavior that subjects participants or their property to physical and/or emotional risk is unacceptable.**
- (c) **Disobeying the instructions of officers, staff and other officials will not be tolerated.**

If your child does not follow these guidelines, s/he may be excluded from further participating in the Program and may be sent home. If this happens, you will be responsible for arranging transportation for your child and will assume full financial responsibility for the resulting expenses. York Regional Police reserve the right to remove a participant from the Program at any time.

2. Transportation Waiver:

I give my permission for my child/ward to ride as a passenger in a York Regional Police vehicle for the purposes of activities related to the Program. In consideration for this transportation provided by York Regional Police, I hereby waive any and all claims which, but for this release, my child or I may have or may hereafter acquire against York Regional Police, its officers, employees, agents and volunteers, The Regional Municipality of York Police Services Board, including its members and employees, and The Regional Municipality of York including its employees, agents, representatives and councilors, arising directly or indirectly from my child being transported in a York Regional Police vehicle, and I agree to promptly pay any damages, costs or charges incurred by York Regional Police as a result of my child's actions while being transported in a York Regional Police vehicle.

3. Photo and Recording Release:

In the course of this activity, pictures may be taken or recordings may be made. Please confirm that you are willing to have your or your child's/ward's photograph or voice used by York Regional Police for police publications, presentations, displays or on our website.

I give my permission for York Regional Police to photograph and/or record on still photographs, motion picture film, audio tape and/or video tape and to use this material, in whole or in part, through the media of television, film internet, multi-media presentation, radio, audiotape, videotape or in printed form or display form produced by York Regional Police. I assign and transfer to The Regional Municipality of York Police Services as represented by York Regional Police, any and all rights, including copyright, which I may have in any audio or visual recording or photograph produced during my child/ward's participation in the Program.

4. Declaration of Medical History and Authorization for Medical Treatment:

I certify that my child/ward _____ **(name of Participant)** is healthy and capable participating in the Program. In the event that the primary or secondary contact cannot be readily consulted about a health-related occurrence involving my child/ward, I grant permission for York Regional Police and camp facilitators to authorize as deemed appropriate by the attending physician: hospitalization, administration of medications and/or x-rays, tests or other treatments to include injections and/or surgery. I hereby give permission to have York Regional Police and Program facilitators arrange for any emergency medical care including transportation if necessary. Attempts will be made to contact the named parent, guardian or emergency contact first. The parent or guardian is responsible for the child/ward's medical coverage and any expenses associated with such medical care.

5. Participant Release, Waiver and Assumption of Risk

I _____, *(name of parent/guardian)* hereby affirm that I have been advised and informed of the inherent hazards involved in this Program.

I confirm that my child/ward _____, *(name of Participant)* is healthy and there are no physical reasons why s/he cannot participate in this Program and freely and voluntarily give permission for my child/ward to participate in the Program and fully assume any and all risks and hazards associated with or that may result from participation in the Program.

I understand as the parent/guardian of the Participant, the Participant will participate in the activities of the Program as organized and offered by YRP and the Board. I agree that the choice to participate brings with it the assumption of those risks and results that are part of these activities. York Regional Police, The Regional Municipality of York Police Services Board, The Regional Municipality of York, its Chair, councillors, officers, employees and contractors shall not be liable for any injury to the Participant or any loss or damage to the Participant's personal property arising from the Participant's negligence or actions while participating in the Program.

BY SIGNING THIS AGREEMENT, I ACKNOWLEDGE I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE TERMS:

Participant Signature

Date

The Parent or Legal Guardian of the Candidate has reviewed this Application and supports the entire application form.

Parent/Guardian Signature

Date

Parent/Guardian Name

Address

Personal information contained on this form is collected pursuant to the Municipal Freedom of Information and Protection of Privacy Act and the Police Services Act and will be used for the purpose of supporting an application from the Summer Camp. Questions about the collection, use and sharing of personal information may be directed to:

*Supervisor, Community Safety Village, York Regional Police,
47 Don Hillock Drive, Aurora, Ontario L4G 0S7
Tel: 1-866-876-5423 ext. 2880*