



**Kids Cancer Care Foundation of Alberta
(ADULTS)**

CERTIFICATION OF CONSENT AND AUTHORITY, RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

TO: KIDS CANCER CARE FOUNDATION OF ALBERTA (hereinafter referred to as “KCCFA”) and its employees, representatives, volunteers, officers and agents (hereinafter referred to collectively as “KCCFA Employees”).

Please Print:

I, _____ hereby sign this agreement on behalf of myself, my personal representatives, heir and assigns.

1. I acknowledge that KCCFA provides a wide variety of recreational activities and outdoor pursuits programs. In addition, I acknowledge that KCCFA takes all reasonable precautions through compliance with current operating standards and practices to minimize risk involved with participation in activities offered by KCCFA.
2. I acknowledge that certain recreational activities and outdoor pursuits such as rafting, kayaking, hiking, mountain biking, team learning, rock climbing, mountaineering, caving, backpacking and related summer camping activities involve **INHERENT RISKS** that may cause serious injury and possibly death to participants.
3. I am aware of these **INHERENT RISKS** and freely choose to participate in these activities.
4. I hereby **WAIVE ANY AND ALL CLAIMS** which I may have against KCCFA and any or all KCCFA Employees and **RELEASE KCCFA and the KCCFA Employees** from and against all losses, costs, damages, expenses, liabilities, claims, demands and causes of action of whatever kind including all legal fees and costs (collectively, the “Claims”) regardless of when they arose and howsoever arising for injury, death, property damage or any other loss whatsoever sustained by me as a result of my participation in KCCFA activities, including, without limitation, or while present at a KCCFA camp, **DUE TO ANY CAUSE WHATSOEVER (excluding gross negligence)**.
5. **I hereby agree to indemnify and save harmless KCCFA and KCCFA Employees from and against all Claims regardless of when they arose and howsoever arising, that KCCFA and/or KCCFA Employees sustain, incur or may be subject to and which KCCFA and/or KCCFA Employees would not have sustained, incurred or be subjected to except as a result of my participation in KCCFA activities or while present at a KCCFA camp, DUE TO ANY CAUSE WHATSOEVER (excluding gross negligence)."**
6. **Emergency Medical Care** In the event that I require emergency medical care I hereby **GIVE MY PERMISSION** to the authorized persons in charge of the KCCFA activities to secure treatment for and to **AUTHORIZE HOSPITALIZATION, INJECTIONS, ANASTHESIA, or SURGERY as necessary for EMERGENCY CARE.**

I HAVE READ AND UNDERSTAND THIS AGREEMENT. I UNDERSTAND THAT THIS DOCUMENT CONTAINS A PROMISE NOT TO MAKE OR SUSTAIN ANY CLAIM IN LAW OR IN EQUITY AGAINST KCCFA OR KCCFA EMPLOYEES AND A RELEASE AND INDEMNITY FOR ALL CLAIMS.

Signed this _____ day of _____ 201____, at _____, Alberta.

Signature

Witness Signature

Printed Name

Printed Name of Witness