



# **Informed Consent & Waiver Form**

**Event Title:** Diabetes Family Fun Day

**Date:** Saturday, June 25<sup>th</sup>, 2016

*Thank you for choosing to participate in an event supported by the Canadian Diabetes Association, Central West Ontario Region. We request your understanding and cooperation in maintaining your family's safety and health by reading and signing the following Informed Consent and Waiver Form prior to your participation.*

## **Part A      MEDIA CONSENT** (please strike through if consent is NOT authorized)

During the Diabetes Family Fun Day, event pictures, films, and videos may be taken. As well, promotional materials such as brochures, a website, and media presentations may be made to promote the Canadian Diabetes Association. Such pictures and films cannot be released for publicity services without the consent and permission of the Parent(s) or Guardian(s). These promotional materials may be used to promote the event, raise funds, and otherwise promote the Canadian Diabetes Association.

I/we hereby authorize myself/ourselves and the Child(ren), to aid the Canadian Diabetes Association in maintaining the type of service to those with diabetes by releasing, for publicity purposes, any pictures of films that may be taken while attending the Diabetes Family Fun Day event. It is understood and agreed that the Canadian Diabetes Association will not attach or otherwise affix to pictures or films any information that would serve to identify the individuals involved.

## **Part B      CERTIFICATION OF CONSENT AND AUTHORITY, RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT**

I/we, the undersigned, Parent(s)/Guardian(s) of the Child(ren), in consideration of the recreational and educational services provided by the Canadian Diabetes Association, acknowledge that it is the policy of the Canadian Diabetes Association to take all reasonable precautions to ensure the participants' safety with respect to such activities and to provide a safe environment.

As Parent(s)/Guardian(s) of the Child(ren), I/we freely consent to all risks and fully assume all responsibility for the possibility of personal injury, death, disability, property damage or loss resulting thereof, howsoever caused, with the sole exception being gross negligence on the part of the Canadian Diabetes Association, their staff, their members, agents, employees, and directors.

I/we hereby release and discharge the Canadian Diabetes Association, their respective agents, and employees from all manner of action, causes of action, claims or demands I/we may have, arising from or related to the Child(ren)'s or my/our participation in the Diabetes Family Fun Day notwithstanding that any such loss, injury, or damage may have arisen by reason of the negligence of the Canadian Diabetes Association, its servants, agents, or employees.

I/we further waive and release any and all claims that the Child(ren) or I/we have or may have in the future, on my/our own behalf and on behalf of the Child(ren), against the Canadian Diabetes Association as a result of our participation at the Canadian Diabetes Association Diabetes Family Fun Day program.

## **Part C      CONSENT TO PARTICIPATE**

I/we, as the parent/guardian of the Child(ren), and in consideration of the recreational and educational services provided by the Canadian Diabetes Association agree as follows:

- I. I/we agree to indemnify the Canadian Diabetes Association, its services, agents, members, directors or employees, from any claims or demands made against the Canadian Diabetes Association in respect to any loss or damage which they may suffer or become legally obligated to pay as a result of, or arising from, the Child(ren)'s or my/our attendance at the Diabetes Family Fun Day.

2. I/we certify that all information provided in this registration form is true to the best of my/our knowledge at the time of completing this form.
3. I/we acknowledge that my/our child(ren)'s diabetes management is his/her/their own responsibility during, and following, this event.

I/we, the undersigned, as the parent(s) or guardian(s) of:  
 [Please PRINT the first and last name of the Child(ren) attending]

Child # 1	Child # 2
Child # 3	Child # 4
Child # 5	Child # 6

have read and understood parts A, B, and C of this Diabetes Family Fun Day Informed Consent and Waiver form. I/we agree with all parts of the aforementioned and am/are aware that by signing this form I/we am/are waiving certain legal rights which I/we, the Applicant(s) and our heirs, next of kin, executors or administrators may have.

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

Signature Applicant/Parent/Guardian #1	Signature Applicant/Parent/Guardian #2
Printed Name of Applicant/Parent/Guardian #1	Printed Name of Applicant/Parent/Guardian #2

Witness Signature

Printed Name of Witness

***\*If parents of the child are divorced or legally separated, and have joint custody of this child, both parents must sign.***

**Please note:** The information contained in the registration form will help guide the Association in the development of new programs and services relevant to Canadians with diabetes as well as the information of future fund-raising initiatives to support our Mission. We will not use this information for any other purposes. It will never be disclosed, and we will safeguard it appropriately. Your child's personal information will be treated in the strictest confidence and used to assist your child with their diabetes management and medical care. Upon completion of this event, the Association will retain your child's records in a safe and confidential manner.