



ACKNOWLEDGEMENT OF RISK STATEMENT

I, _____, being the parent(s) and/or legal guardian of, _____, a child (hereinafter referred to as “the said child”), being allowed to participate in **Jasper-Yellowhead Museum and Archives Summer Day Camps** in July/August 2020 which is being arranged by the **Jasper-Yellowhead Historical Society**, and in pursuance of the desire to participate in this activity/event, I make the following statement:

Although (the said child) has not participated in this type of activity/event previously,

I do understand and acknowledge that there are particular hazards/risks which are either associated with this activity/event and/or are inherent in their nature, any one of which could result in (the said child) sustaining personal or bodily injury by participating in this activity/event.

Some hazards and/or risks could include:

- Accident/ injury as a result of daily Summer Camp Programming
- Lost or stolen items
- Exposure to or contraction of communicable diseases, including Covid-19.

I understand that the above are some, but not all, of the normal hazards/risks which are associated with the physical conditions under which this activity/event takes place, and that any one of these might result in minor or serious bodily injury being occasioned to participants. I believe that these hazards/risks are inherent in the nature of the activity/event itself and, therefore, I also believe they are conditions over which the organization(s) named above and/or below have no control. Accordingly, due to (child’s name) _____ desire to participate in this activity/event, I willingly accept these hazards/risks, as well as those of a similar nature to those enumerated above, in full and agree not to hold the Jasper-Yellowhead Museum and Archives Summer Day Camp staff, the Jasper-Yellowhead Museum and Archives, and/or the Jasper-Yellowhead Historical Society, or any of their respective servants, agents or employees responsible, or financially accountable, for injuries, or the consequences of injuries or for illness or disease which (the said child) might sustain through these hazards and risks.

Witness Name (print): _____

Participant Signature: _____

Witness Signature: _____

Parent/Guardian Signature: _____

Parent/Guardian Signature: _____

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