



HEALTH & MEDICAL FORM

PARTICIPANT INFORMATION	Participant 1	Participant 2	Participant 3
First Name			
Allergies & Asthma	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None
List all known Allergies. <input type="checkbox"/> Please rate the severity for each allergy: o 1 = mild to 4 = life threatening <input type="checkbox"/> Treatment: o Will an Epi---Pen be provided for staff to administer? o Explain			
Does the participant have Asthma? <input type="checkbox"/> List Triggers <input type="checkbox"/> Please rate the severity for each asthma trigger: o 1 = mild to 4 = life threatening <input type="checkbox"/> Treatment o Will an Inhaler be provided for staff to administer? o Explain			
Other Relevant Health/Medical Concerns	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None
List health or medical conditions: <input type="checkbox"/> Treatment <input type="checkbox"/> Suggested program modifications			
List behavioural concerns: <input type="checkbox"/> Treatment <input type="checkbox"/> Suggested program modifications			
List special needs, conditions or fears: • Suggested program modifications			
List dietary restrictions for medical, dietary, or religious reasons			
Medication	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None
Does the participant take prescribed medication on a regular basis? List the name of medication, reason, dosage, and method of administration Will medication be required during the program? If so, may staff administer?			
Does the participant wear or carry a medical alert ID?			
May staff administer sunscreen & bug repellent to the participant if required? (Provided by you)			
Mask Exemption	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Provide details as necessary			
NOTE			
<ul style="list-style-type: none"> Participants must bring required medications for any program he/she attends for the duration of their stay All medication must be given to Program Director at the beginning of program if participant is under the age of 18 years Place in a Ziploc bag with participant's name and directions clearly noted on the bag 			
Consent of Participant/Parent/Guardian (if participant is under the age of 18 at time of registration)			
Should it become necessary for myself and/or child to have medical care, I hereby give staff permission to use their best judgment in obtaining the best of such service for myself and/or child. I also understand that in the event of such illness or accident, I will be notified as soon as possible.			
Name of Participant (please print)			
Signature of Participant (18+years)		Date	
Signature of Parent/Guardian		Date	



CROSSLEY AQUATICS LTD. (hereinafter called the “Programs”)

In consideration for participating in the Programs and related events, I understand and agree on behalf of myself, my heirs, personal representatives, executors, next of kin, my successors and assigns that the execution of this agreement by me constitutes:

1. An Unqualified Assumption of All Risks associated with the Programs.
2. A Full and Final release and waiver of liability of the Programs, including without limiting the generality of the foregoing, CROSSLEY AQUATICS LTD. its officers, directors, agents, employees, volunteers/placement students, other participants, advertisers, owners and/or lessors of the premises on which the Programs take place (collectively called the “Releasees” and individually the “Releasee”) from any and all injuries, losses, damages, losses to personal property, claims and liabilities arising out of my participation in the Programs.
3. An acknowledgement that I am unable to sue the Releasees for any loss, injury, costs, damages however caused or arising out of my participation in the Programs, whether directly or indirectly. Such acknowledgement constitutes a complete defence to any claim I may advance against the Releasees in the future and shall be a bar to such claim.
4. My Indemnity to the Releasees to hold and save harmless, the Releasees or any of them from any litigation expense, legal fees, liabilities, damages, award, order, judgment, costs or proceedings of any form or type whatsoever which may arise out of participation in the Programs.
5. A representation and warranty to the Releasees that I am healthy, fit and able to participate in the Programs and there is no pre-existing health condition which would cause or contribute to any injury or prevent me from participating in the Programs.
6. Crossley Aquatics Ltd. takes the Coronavirus pandemic very seriously and has put in place preventative measures to help reduce the spread of COVID-19; however, despite our best efforts, Crossley Aquatics Ltd. cannot guarantee that you, your family, and/or your guests will not become infected with COVID-19 or another virus or infectious disease (a “Communicable Disease”). It is possible that attending the Programs may place you in close physical contact with other members, attendees, and staff and could increase the risk that you, your family members, and/or your guests contract a Communicable Disease. You acknowledge the contagious nature of Contagious Diseases and voluntarily assume the risk that you, your family members, and/or your guests may be exposed to or infected by a Communicable Disease at the Programs and that such exposure or infection could result in personal injury, illness, permanent disability, and/or death. You understand that the risk of becoming exposed to or infected by a Communicable Disease at the Programs may result from the actions, omissions, or negligence of yourself or others, including, but not limited to, Crossley Aquatics Ltd. employees and members.

I have read and understand the above provisions and they are true and accurate in all respects. I acknowledge that the Releasees are relying upon the above assumptions, release and waiver, acknowledgements, indemnities and representations and warranties for my participation in the Programs.

I certify that I, as parent/guardian, with legal responsibility for this participant, do consent and agree to his/her release as provided above, all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my minor child’s involvement or participation in these programs as provided above.

ACKNOWLEDGEMENT AND CONSENT OF PARTICIPANT IN CROSSLEY AQUATICS LTD. PROGRAMS (hereinafter called the “Programs”)

1. I confirm that I have read all Program Policy Documents understand its contents and agree to be bound by all the terms set out therein.
2. I accept that there is a risk of injury from participating in the activities in the Programs. By following the rules and policies of the Programs, use of proper protective equipment and exercising good personal judgment, the risk of injury may be reduced.
3. I agree to comply with the customary terms, practices and conditions of participating in the Programs. I will not undertake or participate in any conduct during my participation in the Programs, which could constitute a significant risk of injury. I will immediately report to my facilitator, counselor, Director any conduct, which constitutes a significant risk of injury.
4. I consent Crossley Aquatics Ltd. using any photographs taken while participating in the Programs including publications in written materials and promotional materials, in house displays, website and internet without my prior approval.
5. I consent to Crossley Aquatics Ltd. Acres sending correspondence to me via emails regarding but not limited to registration, programs, upcoming events, etc.

I HAVE READ THIS RELEASE AGREEMENT THOROUGHLY AND UNDERSTAND THE TERMS OF THIS RELEASE AGREEMENT.

I UNDERSTAND THAT, BY SIGNING THIS WAIVER OR ELECTRONICALLY AGREEING TO THE "TERMS AND CONDITIONS", I GIVE UP IMPORTANT LEGAL RIGHTS, INCLUDING, BUT NOT LIMITED TO, THE RIGHT TO SUE.

I UNDERSTAND THAT CROSSLEY AQUATICS LTD. IS RELYING UPON MY FULL RELEASE AND WAIVER OF ALL CLAIMS WHEN ALLOWING MY CHILD OR SELF TO PARTICIPATE IN THE SWIMMING/OUTDOOR ACTIVITY PROGRAMS.

Parent/Guardian Signature OR
Participant Signature if over the age of 18 years

Date

Witness Signature