

# Park Visitor Programs

## Authorization/Registration

Applicant's Name: \_\_\_\_\_ Birthdate: (d/m/y) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Male  Female

Parent / Guardian's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Number: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Park: \_\_\_\_\_

Swim Level / Program: \_\_\_\_\_

For the period of \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_  
Month / Day Month / Day Year

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I, \_\_\_\_\_, do hereby grant permission for \_\_\_\_\_  
(Parent / Guardian) (Applicant / Child)

to participate in park visitor programs sponsored by Parks, Culture & Sport "in consideration of the applicant being permitted to participate in the park visitor programs indicated on the top of this card, the undersigned applicant and parent or guardian hereby acknowledge that neither the Government of Saskatchewan nor the Minister of Parks, Culture & Sport, nor any of their respective employees, servants, contractors and agents (hereinafter called "the releasees") shall be liable for any damage to property, bodily injury or loss of life arising howsoever, including through negligence of the releasees or any of them, from or by reason of the participation the applicant in the said park visitor programs; and the undersigned applicant and parent or guardian hereby agree to release and discharge the releasees or any of them from any and all actions, claims or demands which the undersigned or any of them may have against any or all or the releasees, and to indemnify and hold harmless the releasees or any of them, arising from or by any reason of the participation of the applicant in the said park visitor programs, whether arising by reason of the negligence of the participation of the applicant in the said park visitor programs, whither arising by reason of the negligence of the releasees or any of them, the condition of the premises or equipment used, or in any manner whatsoever."

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
(Parent / Guardian Signature - if applicant is under 18 years of age)

### FOR OFFICE USE ONLY

Session completed:  Yes  No

Award issued:  Yes  No

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Instructor: \_\_\_\_\_ Date: (d/m/y) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_