



Child/Youth Release and Indemnity Form

Parent/Member Name: _____ Child/Youth Name: _____

In order to participate in Wellspring Calgary programs, we ask that you carefully read this document and, if you are prepared to do so, to sign it. The document says that you fully accept and assume all the risk and all responsibility for any losses, costs, and damages that might result because of your participation in an activity sponsored by Wellspring Calgary.

In reading the document the following words are particularly defined:

“Activity” means any event or activity either organized or arranged by Wellspring Calgary or its Volunteers or Others that includes participation by you because of your association with the operations of Wellspring Calgary.

“Loss” includes personal injury, illness, death, property damage or other loss of any nature or kind however caused and whether arising by reason of the negligence of Wellspring Calgary, its employees, contractors, Volunteers or anyone else, or whether the loss is caused in some other way.

“Others” includes any employees, contractors, agents or representatives of Wellspring Calgary.

“Volunteers” includes Wellspring directors and officers and any person volunteering in the organization or the running of Wellspring and with respect to an Activity, any person running the Activity, and the respective heirs, executors, administrators, and personal legal representatives of all of those people.

I agree to accept all responsibility and liability for any and all risks and hazards of Loss and for any Loss that I or my child may suffer in any way connected with an Activity of Wellspring Calgary. Wellspring Calgary, its Volunteers and Others are not responsible or liable for any Loss I or my child may suffer in any way connected with that Activity.

I will not sue or otherwise make a claim against Wellspring Calgary, its Volunteers and Others for any loss I or my child may suffer in any way connected with an Activity. I hereby give up my right to make any such claim and I hereby indemnify Wellspring Calgary, its Volunteers and Others for any claims, including any dependants’ claim for damages under applicable statutes or otherwise that may be made against them arising out of any Loss I or my child may suffer arising from my participation in an Activity, and as well as for any legal fees or other costs incurred in defense of any such claim.

I will indemnify Wellspring Calgary, its Volunteers and Others for any claims that may be made against them for any Loss I or my child may cause and for any legal fees or other costs incurred in defense of any that kind of claim.

I also agree that by signing this document I am agreeing for myself and my child, for my heirs, and for my executors, administrators, legal personal representatives and anyone else who may claim on my or my child’s behalf.



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I have read this agreement and fully understand its terms. I particularly understand that I have given up substantial rights by signing it. I have signed it freely and without any inducement or assurance of any nature. I intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law. I agree that if any portion of this agreement is found to be invalid, notwithstanding that finding, the balance will continue in full force and effect.

Parent or Guardian's Signature

Signed this _____ day of _____ 2016 in _____

Signature: _____

Name of Signatory: _____ Name of Child: _____

Relationship to child: _____

Witnessed this _____ day of _____ 2016 in _____

Signature: _____

Name of Witness: _____

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Code of Conduct - *Our Commitment to One Another*

I understand that my active and ethical participation is important to the success of my involvement and Wellspring Calgary's efforts. Therefore, I agree to abide by the following guidelines for my participation:

I will treat all individuals with fairness and respect and be a positive role model for others with whom I have contact.

I recognize that each person associated with Wellspring Calgary must be free to pursue the course of action which they choose. In this spirit, I will not offer 'prescriptions' to any member of the community. Likewise, I will issue no judgment or criticism upon any member for the choices he/she makes.

I respect the right of every person to enjoy the space, solitude and full benefits offered by Wellspring Calgary. To this end, I will not willingly and/or maliciously interfere with staff, instructors, members and/or volunteers nor cause disruption of sessions.

I will hold in confidence all personal information gained about any members I meet, unless the member has agreed to have this information shared OR unless I believe, on reasonable grounds, that sharing such information will minimize harm to that member.

I understand that personal relationships are ethical insofar as they do not create a situation in which one person is uncomfortable and/or feeling threatened.

I will not place any member of the Wellspring community in a position which creates an ethical or legal dilemma for them (e.g. requests to copy materials in violation of copyright, make fraudulent claims, or make requests for access to confidential material).

In choosing to be associated with Wellspring Calgary, I assume the obligation to contribute to the Wellspring Calgary community, and will act accordingly to support the cause of Wellspring Calgary.

I will report any concerns to the Executive Director or to the President of the Board or to a staff member as appropriate.

As a Board member, staff, instructor, member or volunteer, I recognize my role as an ambassador to the community, especially when representing Wellspring Calgary and will act accordingly.

In order to preserve the privacy, safety and well being of Wellspring Calgary for all members, I will not solicit or market services or products within the Wellspring Calgary community, unless approved by management.

I agree to follow all established policies and procedures.

I will take responsibility for my health and safety and seek the advice of my physician if I am unsure about participating in any activity at Wellspring Calgary. I will not risk injury to myself or others.

Name / Signature

Date

Witness Name / Signature

Date

Member Facilitator Volunteer Staff Member Board Member Committee Member

Please Check Role(s) that Apply