



Registration for Children's program



The Society of Obstetricians and Gynecologists of Canada

June 17-21, 2009

Halifax, Nova Scotia

To ensure we provide the best care possible for your child, please return all information to KidScenes by **May 15, 2009** (An email will be sent to you to confirm your registration)

Fax: 403-253-9360 Phone: 1-800-665-9296 or 403-292-9330

KidScenes will provide a children's program for the following dates and times.

Wednesday, June 17 7:30am-5:00pm

Thursday, June 18 7:30am-5:30pm

Friday, June 19 7:30am-6:00pm

Saturday, June 20 7:30am-5:30pm

Sunday, June 21 7:30am-3:30pm

If you require care outside of these hours, please contact KidScenes at 1-800-665-9296.

KidScenes will be set up to work with children of all ages, from infant to 12 years of age.

Daily activities will include crafts, games, outdoor activities and swimming. All activities will be age appropriate. Please ensure your child has appropriate clothing for indoors as well as outdoors.

Parent/Guardian Name(s):

Address:

Email address:

Home phone:

Alternate phone:

Children's names

Children's age and birth date

Children's names	Children's age and birth date

Allergies or Special Information about your children



WAIVER OF LIABILITY AND RELEASE OF CLAIMS

By signing this form you give up all of your rights and the rights of the Child named herein to bring a court action to recover compensation for any injury or loss sustained by you or the Child arising out of the use of and participation in the activities, programs and services offered through KidScenes.

Name of Child: _____ (the "Child")

Address: _____

Birth Date: _____ Telephone: _____

Parent / Guardian: _____

Emergency Contact: _____

Relationship: _____ Telephone: _____

In consideration of the Agency accepting the Child's application for the use of and participation in the activities, services and programs as provided through the Agency, **I AGREE TO THIS RELEASE OF CLAIMS AND WAIVER OF LIABILITY** in respect of KidScenes, its officers, directors, employees, agents, volunteers, and representatives (the "Agency").

I hereby release and discharge KidScenes from all claims, demands and causes of action resulting from all claims, demands and liability for any illness suffered, personal injury, property damage I may suffer as a result of the Child's participation in any of the activities, programs or services offered through the Agency, for any cause whatsoever including without limitation negligence on the part of the Agency.

As the parent or legal guardian of the Child:

- (a) I hereby permit the Child to participate in any and all activities, programs and services offered through the Agency including, but not limited to outdoor activities and field trips prescribed as part of the activities, programs and services offered through the Agency;
- (b) Risk of Outdoor Activities and Field Trips - I am aware that outdoor activities and field trips have a certain amount of risk affiliated with these activities through the interactive association with the natural environment, including, but not limited to natural conditions which persist such as bumps, scrapes and bruises caused from any activity; falling off rocks, bikes or skates; tripping, falling or sliding while on sidewalks, roads and developed or undeveloped trails; slipping on grass, snow, ice and slippery rocks; injuries from playing on playground equipment; exposure to insect bites and potential danger from animals;
- (c) I am not relying on any oral or written statements made by the Agency or its agents, whether in correspondence, brochures, advertisements or in individual conversations to lead or induce me to allow the Child to become involved in any program or activity organized through the Agency;
- (d) I understand that the Agency supervises and provides only business management and education services to caregivers. I further understand and agree that the Agency is not responsible, in any way whatsoever, for the childcare of the Child; and
- (e) I agree to be solely responsible for any injury, loss or damage which the Child or I may sustain while using or participating in the activities, programs or services offered through the Agency.

I confirm that I am the rightful parent and/or legal guardian of the Child and that I have read and understand this agreement prior to signing it and that I have executed this agreement voluntarily. This agreement shall be binding upon my heirs, next of kin, executors, administrators, successors and assigns.

Signed this ____ day of _____, 200__

Parent / Guardian Signature

Witness Signature

Parent / Guardian Print Name

Witness Print Name