

**Summer Program  
runs Monday-Friday  
8:30 AM—6:00PM for  
children in grades 1-6  
beginning July 2, 2019.**

**Cost**

Our program is free of charge. We are a registered charity, donations are always welcome.

**Registration**

You MUST complete a registration form and field trip waivers before attending the program.

**Take Me Out Tuesdays!**

Field trips and sports activities are first-come first served. Once we have reached our maximum amount of children, we will not be accepting any other children for the day. For all these activities please wear sneakers and appropriate active wear.

**Dunvegan:**

Children must be dropped off by 8:30am in order to attend. ***The bus will be leaving at 9:00am sharp.*** Please ask the staff for details.

**O'Brien Park :**

Children must be dropped off by 9:30am in order to attend. Please wear your swim attire and bring a towel.

**Scrambled Legs:**

Please wear socks and gym clothes. Indoor shoes are optional. NO outdoor shoes allowed on the turf.

**Quidditch & Rugby:**

Please wear gym clothes and sneakers— these will be non-contact sports.

**Jump Yard:**

Please wear jump-socks if you have them and gym clothes.

**Summer Tube Slide:**

Please wear your swim attire, sandals and bring a towel.

**Down to Earth Petting Zoo:**

Children must be dropped off by 8:30am in order to attend.

***The bus will be leaving at 9:00am sharp. Please wear closed toed shoes.***

**SWIMMING:**

Due to regulations at the Eastlink Centre, we are only permitted to bring **children 8 & up**. Unfortunately, the centre will be closed for all other children on swim days.

**Hours**

Monday-Friday, 8:30AM-6:00PM.

Cool Aid will be closed Monday, August 5th for August long weekend.

**Muskoseepi Mondays &  
Lion's Park Fridays**

Both parks have spray parks—please send a swimsuit or change of clothes and a towel with your child(ren).

**Donations**

We are a non-profit organization and take donations such as cash donations, snacks, bottles of water, Sunscreen, and Bug spray.

We will have a "Top 3 donations" list on our door. Please ask the staff if you have any questions.

**Remember**

Please send your child(ren) dressed for the weather. Unless it is a stated field trip, we WALK everywhere; please ensure your child(ren) has good walking shoes. We like to spend as much time outside as possible; please pack a hat, water bottle, sunscreen and bug spray.

Please send a change of clothes with your child(ren) as we like to play in the sprinkler a lot too!

We do not provide meals at Cool Aid, please send enough food to last the day.

**Hillside Center  
Cool Aid Society**

780-532-9004

9667 Hillcrest Drive

Drop-in Centre offering:

**FRIENDSHIP  
GUIDANCE  
SUPPORT**



# Cool Aid Society

Drop-in centres offering friendship, guidance, and support to youth in grades 1 to 12 in Grande Prairie and area.

**Hillside Centre: 9667 Hillcrest Drive  
780-532-9004**

Program registration forms and calendars are available online

Website: [www.coolaidsociety.com](http://www.coolaidsociety.com)

*Hillside Kid's Summer Program 2019  
July & August*



# July Kids Summer Program 2019



Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1 Canada Day! Closed	2 HOGWARTS QUIDDITCH	3 Dunvegan	4 Swimming	5 Lions Park Friday	6 Closed
7 Closed	8 Musko Monday Reading Tent	9 Scrambled legs @ the County Sportsplex	10 AVENGERS	11 Swimming	12 Lions Park Friday	13 Closed
14 Closed	15 Musko Monday Wet'n'Wild	16 TOY STORY	17 BODYBREAK	18 Swimming	19 Lions Park Friday	20 Closed
21 Closed	22 Musko Monday Reading Tent	23 Hula Hoop Circus	24 STADIUM ARGENTUM	25 Swimming	26 Lions Park Friday	27 Closed
28 Closed	29 Musko Monday Museum Scavenger Hunt	30 Down to Earth Petting Zoo!	31 RUGBY			

# August Kids Summer Program 2019



Sun	Mon	Tue	Wed	Thu	Fri	Sat
Read for the FUN of it!				1 Swimming	2 Lions Park Friday	3 Closed
4 Closed	5 Holiday! Closed	6 Jump Yard!	7 Indoor CAMPING	8 Swimming	9 Lions Park Friday	10 Closed
11 Closed	12 Musko Monday Reading Tent	13 OBrien Park	14 Welcome Jungle	15 Swimming	16 Lions Park Friday	17 Closed
18 Closed	19 Musko Monday Reading Tent	20 Summer Tube Slide! @ Nitehawk	21 BIG TOP Carnival	22 Swimming	23 Last Day Lions Park Friday	24 Closed
25 Closed	26 Closed	27 Closed	28 Closed	29 Closed	30 Closed	31 Closed

# COOL AID SOCIETY: Hillside Centre

## YOUTH DROP-IN PROGRAMS REGISTRATION FORM

Today's date:	Updated October 24, 2018
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YOUTH INFORMATION		
First name:	Last name:	
Address (street number, street name, city, postal code):		
School:	Grade: (as of September 1st)	Gender: M <input type="checkbox"/> F <input type="checkbox"/>
Date of birth (month-day-year):		Age:

PARENT OR GUARDIAN CONTACT INFORMATION			
Relationship to the youth:	Home phone:	Work phone:	Cell phone:
Mother's name:			
Father's name:			
Other, specify:			

IN CASE OF EMERGENCY			
Name of local friend or relative:	Home phone:	Work phone:	Cell phone:
Relationship to the youth:			

MEDICAL CONDITIONS OR RESTRICTIONS
Are there any medical, learning disabilities or behavioural conditions that the staff should be aware of?
<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>
Does your child have an aid at school? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there any individuals who cannot have contact with or pick up the youth?
<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>

DISCLAIMERS	
_____ (initial)	I understand that my child will participate in activities of Cool Aid Society. These activities will take place at the Hillside Centre or at public playgrounds and facilities such as Lion's Park, Muskoseepi Park, Crystal Lake, Grande Prairie Public Library, or Macklin Field
_____ (initial)	I understand that my child will be supervised while s/he is at the Centre or during activities outside of the Centre. I also understand that I will not hold Cool Aid Society responsible if my child is injured or losses her/his property.
_____ (initial)	I understand that my child may be photographed at Centre. Pictures are taken to provide Cool Aid Society with a sense of history of the youth, activities and the organization. These pictures may be used on our website, Facebook, proposals or reports.
_____ (initial)	I understand that Cool Aid Society is a drop-in Centre and that rules must be obeyed. If your child is misbehaving the parent/guardian will be contacted regarding the behaviour and a plan will be developed to address the situation. If the behaviour persists the parent/guardian will be contacted and asked to come and get the child. If there is no improvement in the behaviour child will be asked not to return to the program.

<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> Parent/guardian signature	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> Staff signature
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# COOL AID SOCIETY

## Hillside Centre

### Family Profile

The Cool Aid Society is a non-profit and charitable organization. Our funding is obtained by the generous financial support of government, foundations, corporations and individuals. The following information is necessary for our records and the funding our organization receives. Your confidential information will not be revealed in conjunction with your name and your child to anyone and is bundled with groups of information for funding requests. Your cooperation in providing this information is both appreciated and necessary.

**Date:** \_\_\_\_\_

**1. What is your current relationship status?**

☐ Married/common law    ☐ Separated/divorce    ☐ Single    ☐ Widowed    ☐ Other

**2. What is the highest level of education you completed?**

☐ Less than high school    ☐ High school diploma    ☐ Trade/technical training  
☐ College diploma/degree    ☐ Undergraduate degree    ☐ Graduate or more

**3. What is your employment status?**

☐ Employed, full time    ☐ Employed, part time    ☐ Not employed  
☐ Disabled, not able to work    ☐ Retired

**4. What is your current household income?**

☐ \$0 to \$29,999    ☐ \$30,000 to 69,999    ☐ \$70,000 to \$99,999  
☐ \$100,000 and more    ☐ Prefer not to answer

**5. Do you receive financial government assistance?**

☐ Yes    ☐ No    ☐ Prefer not to answer

**6. Has your family had to go to the food bank this year?**

☐ Yes    ☐ No    ☐ Prefer not to answer

**7. How many children (ages 17 or younger) are in your family and live with you?**

☐ 1    ☐ 2    ☐ 3    ☐ More than 3

**8. Who do your child(ren) live with?**

☐ Both parents    ☐ Mother    ☐ Father    ☐ Shared custody    ☐ Other

## SUMMER 2019 FIELD TRIP WAIVER

July 2<sup>nd</sup>– Quidditch @ Hillside Park  
July 3<sup>rd</sup>– Dunvegan  
July 9<sup>th</sup>– Scrambled Eggs @ the County Sportsplex  
July 30<sup>th</sup>– Down to Earth Petting Zoo  
July 31<sup>st</sup>– Rugby @ Macklin Field  
August 6<sup>th</sup>– Jump Yard  
August 13<sup>th</sup>– O'Brien Park  
August 20<sup>th</sup>– Summer Tube Slide @ Nitehawk

Grande Prairie  
Cool Aid Society  
**HILLSIDE CENTER**  
780-532-9004  
(cell) 587-343-5988

I, \_\_\_\_\_ the parent / guardian  
of \_\_\_\_\_ give permission for him / her to  
participate in the above indicated day trips. Transportation will  
either be provided by Peace Wapiti School Division with a licensed  
bus driver, or we will be walking to and from the facilities.

X \_\_\_\_\_  
Date: \_\_\_\_\_



## Parents Please Read

For all day trips including Musko Mondays, Lions Park Fridays and Take a Trip Tuesdays children should be here before 10:00am. The bus leaves for Down to Earth Petting Zoo and Dunvagen @ 9:00am SHARP! On these days your children should not bring microwavable lunches.

**On swimming days–** Due to East link Centre regulations, **we will only be taking children ages 8 and up.** The center will be closed for all other children.

We ask that you do not send any food containing peanuts, as we would like to have a peanut free environment. Also, please ensure your child/children has enough food and snacks for the day.

## 2019 Summer Swimming Waiver

July 4- Eastlink Centre  
July 11- Eastlink Centre  
July 18- Eastlink Centre  
July 25- Eastlink Centre  
August 1- Eastlink Centre  
August 8- Eastlink Centre  
August 15- Eastlink Centre  
August 22- Eastlink Centre or Bear Creek Pool

Grande Prairie  
Cool Aid Society  
**HILLSIDE CENTER**  
780-532-9004  
(Cell) 587-343-5988

I \_\_\_\_\_ the parent / guardian  
of \_\_\_\_\_ give permission for  
him/ her to participate in the above indicated  
swimming day trips. Transportation will be provided  
by G.P. Transit with a licensed bus driver.

X: \_\_\_\_\_  
Date: \_\_\_\_\_





**RELEASE OF LIABILITY, WAIVER OF CLAIMS,  
ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT**

**WARNING: BY SIGNING THIS DOCUMENT YOU WILL GIVE UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO  
SUE, CLAIM DAMAGES, AND SEEK COMPENSATION.**

Name of Participant: \_\_\_\_\_

Name of Parent or Guardian of the Participant: \_\_\_\_\_

**Event: BOUNCY CASTLE EVENT AT THE COUNTY OF GRANDE PRAIRIE SPORTSPLEX**

**In consideration of my child being permitted to participate in the Event:** I am aware the Event involves inherent risks, dangers and hazards, involving all manner of injury or loss, including potentially serious or life-threatening injury or death resulting from, but not limited to:

- (a) the use of equipment, materials or facilities related to the **Bouncy Castle Event**
- (b) the actions or negligence of the Participant or other participants in the **Bouncy Castle Event**;
- (c) the actions or negligence of the **County of Grande Prairie Sportsplex, Nustadia Recreation** or its directors, officers, employees, volunteers, agents, invitees, or representatives of any kind (collectively referred to as the "**County of Grande Prairie Sportsplex, Nustadia Recreation**"); and
- (d) the actions or negligence of the **County of Grande Prairie No. 1** or its councilors, officers, employees, agents or representatives of any kind (collectively referred to as the "**County of Grande Prairie No 1**").

I understand that the choice to participate in the **Event** brings with it the assumption of those risks and I accept all responsibility for my child's participation in the Activity, including the possibility of personal injury, death, property damage, or other loss resulting therefrom. I understand that promotional photographs may be taken of the event.

I hereby release the **County of Grande Prairie Sportsplex, Nustadia Recreation** and the **County of Grande Prairie No 1** from all responsibility for any personal injury, death, property damage, or other loss suffered by my child while participating in the **Bouncy Castle Event**, even if the **County of Grande Prairie Sportsplex, Nustadia Recreation** or the **County of Grande Prairie No 1** are found in law negligent or in breach of a duty of care or other obligation to me or my child.

I agree to hold harmless and indemnify the **County of Grande Prairie Sportsplex, Nustadia Recreation** and the **County of Grande Prairie No 1** from any and all liability for any personal injury, death, property damage, financial loss or expense including, without restriction, legal expenses and costs on a solicitor-and-his-own-client full indemnity basis in defending against such claims or enforcing the terms contained within this documents or other loss suffered by myself or my child as a result of participating in the **Bouncy Castle Event**

I agree that this Release of Liability will be effective and binding upon myself, and my heirs, next of kin, executors, administrators and assigns.

**I acknowledge that I have had sufficient time to read and understand this Release of Liability before signing it and I understand, appreciate and accept the risks associated with the Event and consent to my child's participation in the Event and all related activities.**

Date: \_\_\_\_\_

Witness Name (*print*): \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_



# Single Use Paper Waiver

Date: \_\_\_\_\_

## Parent or Guardian Info

Name : \_\_\_\_\_

Date of Birth : \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Phone Number : \_\_\_\_\_

Alt. Phone Number : \_\_\_\_\_

Relationship to Child : \_\_\_\_\_

## Child Info

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Gender: \_\_\_\_\_

Date of Birth : \_\_\_\_\_

Address (if different than above): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## JUMP YARD TRAMPOLINE PARK

### Release of Liability and Assumption of Risk

In consideration of being permitted by THE JUMP YARD INC. (hereinafter "JUMP YARD"), to participate in its activities and to use its equipment and facilities, now and in the future, I hereby agree to release, indemnify and discharge JUMP YARD, its agents, owners, shareholders, directors, partners, employees, managers, volunteers, manufacturers, lessors, affiliates, subsidiaries, related and affiliated entities, successors and assigns (the "RELEASED PARTIES"), on my own behalf, and on behalf of my spouse, children, heirs, assigns, personal representatives and estate as follows:

1. **ASSUMPTION OF RISK.** I acknowledge and understand that my or my children's use of JUMP YARD equipment or participation in JUMP YARD trampoline activities is inherently dangerous and I expressly and voluntarily agree to assume all risk and danger of death, injury, paralysis, or damage to property or to third parties that may result from such use or participation, including all
2. **RELEASE FROM LIABILITY.** I hereby voluntarily release and forever discharge RELEASED PARTIES from any and all claims, demands, or causes of action, which are in any way connected with or related to my or my children's use of JUMP YARD equipment or participation in JUMP YARD trampoline activities, including negligence, breach of contract, or breach of any statutory or other duty of care, and including the failure on the part of RELEASED PARTIES to safeguard or protect me or my children from the risks, dangers and hazards of JUMP YARD equipment or trampoline activities.
3. **COVENANT NOT TO SUE.** I agree that I will not sue or make claim against JUMP YARD for damages or other losses sustained in connection with my or my children's participation in JUMP YARD trampoline activities or my or my children's use of JUMP YARD equipment or facilities, including injuries or damages caused by the negligence, breach of contract, or other fault of RELEASED PARTIES.
4. **INDEMNIFICATION AND HOLD HARMLESS.** I agree to fully indemnify and hold harmless RELEASED PARTIES for and against any loss, liability, damages, costs and expenses suffered or incurred in connection with any claim related to my or my children's use of JUMP YARD equipment or my participation in JUMP YARD trampoline activities.
5. **JURISDICTION.** I agree that any litigation involving the parties to this agreement shall be brought solely within the Province of Alberta and shall be governed by the laws of Alberta.
6. **ENTIRE AGREEMENT.** I acknowledge and agree that all of the terms and conditions of this RELEASE are set out herein in their entirety.
7. **UNDERSTANDING.** I hereby certify that I have carefully read and understand the contents of this RELEASE and I agree to be bound by its terms.

#### PARENT'S OR LEGAL GUARDIAN'S ADDITIONAL AGREEMENT AND INDEMNIFICATION

(Must be completed for participants under the age of 18)

In consideration of minors attached to this waiver being permitted to participate in JUMP YARD trampoline activities and to use its equipment and facilities, I, the undersigned parent or legal guardian of the Minor agree on behalf of the Minor to the above assumptions of risk, release of liability and waiver of claims and to release, indemnify and hold harmless RELEASED PARTIES from any and all Claims which are brought by, or on behalf of the Minor, and which are in any way connected with such participation or use by the Minor. I further certify that I am the parent or legal guardian of the Minor on this agreement. I hereby give approval to the participation of JUMP YARD trampoline games or activities and/or use of its equipment and facilities by the Minor.

- ☐ I certify that I am the parent or legal guardian of the above minor and confirm that the information I entered is accurate and true.
- ☐ I am at least 18 years old and I have read and agree to the terms of the above agreement.

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Printed Name of Parent or Guardian

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Date

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Signature of Parent or Guardian

RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKSAND INDEMNITY AGREEMENT  
(hereinafter referred to as the “Release Agreement”)

BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE OR CLAIM  
COMPENSATION FOLLOWING AN ACCIDENT.

PLEASE READ CAREFULLY!

INITIAL \_\_\_\_\_

Name of Participant (“Participant”)	Last:	First:	Initial:
Address	Street:		Phone:
	City:	Province:	Postal Code:

TO: The Grande Prairie Ski Club (“Nitehawk Year-Round Adventure Park”) and its directors, officers, employees, instructors, agents, representatives, independent contractors, subcontractors, volunteers, successors and assigns (all of whom are hereinafter referred to as the “Releasees”).

In this Release Agreement the term “Slide” means the slide, commonly referred to as the “Summer Tube Slide” located at Nitehawk Year-Round Adventure Park in Grovedale, Alberta and the “Slide Activities” shall include any use of the Slide and 600-foot Conveyor Lift, for any reason, and all other events, activities, programs, services and transportation either connected with or related to the use of the Slide or participation at an event that incorporates the use of the Slide.

ASSUMPTION OF RISKS

I am aware that the Slide Activities, including but not limited to the use of the Slide, will expose me to many risks, dangers and hazards that could result in injury, paralysis, death or damage to me or other third parties. I understand that such risks cannot be eliminated without jeopardizing the essential qualities of the Slide Activities. The risks, dangers, hazards include, but are not limited to: cuts and bruises; muscle and joint sprains and strains; broken wrists, arms, ankles and legs; concussions; paralysis; injury or death caused by falling off of the Slide or other equipment; colliding with or being landed on by others; colliding with obstacles or barriers; failing to stay in/on the Slide; injury or death due to negligence on the part of myself or other people around me; injury or death due improper use or failure of equipment; injury or death as a result of improper techniques; injury or death due to a medical condition, whether known or unknown by me; injury or death due to a failure to act safely within my own ability; changing weather conditions; mechanical or structural failure of the Slide; difficulty or inability to control one’s speed and direction; steep or slippery sections; spectators; other natural or man-made objects; and **NEGLIGENCE ON THE PART OF THE RELEASEES, INCLUDING THE FAILURE OF THE RELEASEES TO TAKE REASONABLE STEPS TO SAFEGUARD OR PROTECT ME FROM THE RISKS, DANGERS AND HAZARDS REFERRED TO ABOVE.** I am also aware that the risks, dangers and hazards referred to above exist and many are unmarked.

I AM AWARE OF THE RISKS, DANGERS AND HAZARDS ASSOCIATED WITH THE SLIDE AND SLIDE ACTIVITIES AND I FREELY ACCEPT AND FULLY ASSUMEALL SUCH RISKS, DANGERS, AND HAZARDS AND THE POSSIBILITY OF PERSONAL INJURY, DEATH, PROPERTY DAMAGE OR LOSS RESULTING THEREFROM.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

In consideration of the Releasees accepting my application for participation in the Slide Activities and permitting my use of the Slide, I hereby agree as follows:

1. TO WAIVE ANY AN ALL CLAIMS that I have or may in the future have against THE RELEASEES, and TO RELEASE THE RELEASEES from any and all liability for any loss, damage, expense or injury, including death, that I may suffer, or that my next of kin may suffer, resulting from either my use of or my presence at the Slide, **DUE TO ANY CAUSE WHATSOEVER, INCLUDING NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE, INCLUDING ANY DUTY OF CARE OWED UNDER ANY APPLICABLE OCCUPIERS’ LIABILITY LEGISLATION, ON THE PART OF THE RELEASEES. I UNDERSTAND THAT NEGLIGENCE INCLUDES FAILURE ON THE PART OF THE RELEASEES TO TAKE REASONABLE STEPS TO SAFEGUARD OR PROTECT ME FROM THE RISKS, DANGERS AND HAZARDS REFERRED TO ABOVE;**

2. TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES from any and all liability for any damage to property of or personal injury to any third party resulting from my participation in the Slide Activities or use of or presence at the Slide;
3. This Release Agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives in the event of my death or incapacity;
4. This Release Agreement and any rights, duties and obligations as between the parties to the Release Agreement shall be governed by and interpreted solely in accordance with the laws of the Province of Alberta and no other jurisdiction;
5. Any litigation involving the parties to this Release Agreement shall be brought solely within the province of Alberta and shall be within the exclusive jurisdiction of the Courts of the Province of Alberta;
6. In entering into this Release Agreement I am not relying upon any oral or written representations or statements made by the Releasees with respect to safety of the Slide Activities or use of the Slide other than what is set forth in this Agreement;
7. I declare and represent that I am free from all illness, injury, and defect that could interfere with my safe participation in the Slide Activities and that I am physically fit and sufficiently trained to participate in all Slide Activities. My participation in the Slide Activities is entirely voluntary. I further represent that on the date I will participate in the Slide Activities I will possess and be covered by medical/health insurance, individually or a part of an organization.
8. I consent to administration of first aid and other medical treatment and transportation in the event of any injury or illness and hereby release and indemnify the Releasees from any and all liability or claims arising out of such treatment. This release extends to any liability arising out of, or in any way connected with, the medical treatment and/or transportation.
9. The Slide Activities may be cancelled or modified due to weather conditions, Acts of God or other factors beyond the control of the Releasees. If the Slide Activities are cancelled or modified, no refund will be issued to the Participant; and
10. I understand that I will be refused admission to Slide, should the Nitehawk Year-Round Adventure Park staff deem me to be under the influence of drugs and/or alcohol and I acknowledge no refunds will be issued in such a case.

I HAVE READ AND UNDERSTAND THIS RELEASE AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS, ASSIGNS AND REPRESENTATIVES MAY HAVE AGAINST THE RELEASEES.

Signed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

PRINTED NAME OF PARTICIPANT OR PARTICIPANT’S PARENT

SIGNATURE OF PARTICIPANT OR PARTICIPANT’S PARENT

Witness (must be over age of 18 years): \_\_\_\_\_;  
(signature) (printed name)