St. John Ambulance

SAVING LIVES
at work, home and play

ACTIVITY PERMISSION FORM FOR FIRST AID COMPETITION

Participant Name: _____ Age: _____

Emergency Contact Name:_____Emergency Telephone: _____

ABOUT, PERMISSION AND RELEASE

ABOUT: The objectives of these first aid competitions (the Activity) are to improve the efficiency and quality of care provided by first aiders, to accustom first aiders to work in all types of surroundings, to build confidence in first aiders, to stimulate a healthy rivalry between competing teams, to provide the opportunity for competitors to meet and interact with their colleagues from across the province, and to allow members of the public to view the excellent care St. John Ambulance trained first aiders provide. This requires the support of many volunteers within roles of: Casualty, Logistics, Hospitality, Runner and more. Visit our website omfrc.ca for more details.

PERMISSION I/We are the parent(s) or legal guardian(s) of the Participant who is under the age of 18, and grant permission for the Participant to participate in the Activity outlined in the section above.

LIABILITY RELEASE St. John Ambulance strives to provide a safe and secure environment and is dedicated to promoting safety for all participants in the Activity. I/We acknowledge, however, that there is a certain amount of risk associated with participation in the Activity and agree to voluntarily assume that risk. In consideration of allowing the Participant to participate in the Activity, I/we release, discharge and agree to hold harmless St. John Ambulance and all of its employees, directors, officers, agents, volunteers, and contractors from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature, that may be incurred while involved in the Activity.

I/We have read and have understood this agreement and hereby agree to be bound by the terms and conditions set forth in this agreement. I/We are aware that by signing this agreement, we are waiving certain legal rights which we, our heirs, next of kin, executors, administrators, and assigns may have against St. John Ambulance, and all of its employees, directors, officers, agents, volunteers, and contractors.

Parent/Guardian Signature: _____ Date: _____

Print Name: _____