

## PARK VISITOR PROGRAMS AUTHORIZATION/REGISTRATION

Child's Name:	Male Female Birthdate:	_
	(d/m/y)	
Parent/Guardian's Name:		
Home Address:		
Phone Number: (home)	(cell)	
Park:		
Swim Level/Program:		
For the period of:	: to month/day month/day	
to participate in park visitor progressing permitted to participate in the applicant and parent or guardian had Minister of Parks, Culture & Sport (hereinafter called "the releasees" arising howsoever, including through participation the applicant in the seguardian hereby agree to release a demands which the undersigned of and hold harmless the releasees of applicant in the said park visitor participation the said participation the said participation the sai	(Child)  rams sponsored by Parks, Culture & Sport "in consideration of the applicate he park visitor programs indicated on the top of this card, the undersigned hereby acknowledge that neither the Government of Saskatchewan nor the rt, nor any of their respective employees, servants, contractors and agents (2) shall be liable for any damage to property, bodily injury or loss of life ugh negligence of the releasess or any of them, from or by reason of the said park visitor programs; and the undersigned applicant and parent or and discharge the releasees or any of them from any and all actions, claims or any of them may have against any or all or the releasees, and to indemnit any of them, arising from or by any reason of the participation of the programs, whether arising by reason of the negligence of the releasees or programs, whither arising by reason of the negligence of the releasees or premises or equipment used, or in any manner whatsoever."	s or ify of
Signature—Applicant	Signature—Parent or Guardian (If applicant is under 18 years of	'age)
For Office Use Only Session completed: Yes No Comments:	Award Issued: Yes No	
Instructor	Year Month Day	