



**HAMILTON POLICE SERVICE  
COP CAMP 2019 - RELEASE, WAIVER AND INDEMNITY FORM**

NAME of PARTICIPANT: \_\_\_\_\_ AGE: \_\_\_\_\_  
(9-12 years only)

ADDRESS: \_\_\_\_\_

NAME OF PARENT OR LEGAL GUARDIAN: \_\_\_\_\_

PRIMARY PHONE #: \_\_\_\_\_ EMERGENCY PHONE #: \_\_\_\_\_

OHIP/HEALTH CARD # \_\_\_\_\_

In consideration of the Hamilton Police Service granting permission to the Participant to participate in “Cop Camp” (the Program), authorized by the Hamilton Police Service to take place between MARCH 11, 2019 and MARCH 14, 2019, inclusive, I HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE the City of Hamilton, the Hamilton Police Service and the Hamilton Police Services Board and all their respective agents, officials, officers and employees of and from all liability, claims, demands, damages, costs, expenses, actions, and causes of action, whether in law or equity, in respect of death, injury and loss or damage to the person or property of the Participant named above HOWSOEVER CAUSED, arising or to arise, directly or indirectly, by reason of his/her participation in the Program, whether as a spectator, participant, or otherwise; whether prior to, during, or subsequent to the Program.

I FURTHER HEREBY UNDERTAKE to HOLD AND SAVE HARMLESS and AGREE TO INDEMNIFY the City of Hamilton, the Hamilton Police Service and the Hamilton Police Services Board and all of the aforesaid from and against any and all liability incurred by any or all of them arising as a result of, or in any way connected with, the participation of the Participant in the Program.

BY SIGNING THIS FORM, I ACKNOWLEDGE AND AGREE:

- (a) THAT I HAVE READ, UNDERSTOOD AND AGREED TO THE TERMS OF THIS RELEASE, WAIVER AND INDEMNITY;
- (b) THAT I AM AWARE THAT THE PARTICIPATION OF THE PARTICIPANT IN THE PROGRAM REQUIRES A MINIMUM LEVEL OF PHYSICAL FITNESS FOR SAFE PARTICIPATION AND I WARRANT THAT THE PARTICIPANT IS PHYSICALLY FIT TO PARTICIPATE IN THE PROGRAM;
- (c) THAT I AM AWARE OF THE NATURE AND REQUIREMENTS OF THE PROGRAM, AND THAT THE PARTICIPANT MAY BE EXPOSED TO ELEMENTS OF RISK ARISING FROM HIS/HER PARTICIPATION IN THE PROGRAM, REGARDLESS OF COMPREHENSIVE SAFETY INITIATIVES AND PROVISIONS, WHETHER AS A SPECTATOR, PARTICIPANT OR OTHERWISE, AND BY ALLOWING THE PARTICIPANT TO PARTICIPATE IN THE PROGRAM, I ACCEPT THAT THE PARTICIPANT MAY BE INJURED;
- (d) THAT THE PARTICIPANT’S PARTICIPATION IN THE PROGRAM INVOLVES POTENTIAL RISK OF INJURY, WHICH ELEMENTS OF RISK MAY INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING:
  - (i) Drowning;
  - (ii) Broken or fractured bones, which may or may not require surgery;
  - (iii) Cuts, scrapes, bruises and/or lacerations, which may or may not require sutures;
  - (iv) Muscle strain or other physical, mental or psychological injury;
- (e) THAT WITH FULL AWARENESS OF THE NATURE AND REQUIREMENTS OF THE PROGRAM AND IN ORDER THAT THE PARTICIPANT BE ALLOWED TO PARTICIPATE IN THE PROGRAM, I HEREBY AGREE TO ASSUME ALL RISKS WHICH MAY ARISE FROM THE PARTICIPANT’S PARTICIPATION IN THE PROGRAM, WHETHER AS A SPECTATOR, PARTICIPANT OR OTHERWISE.

I HEREBY CERTIFY THAT I AM THE PARENT OR LEGAL GUARDIAN OF THE PARTICIPANT NAMED ABOVE. I ACKNOWLEDGE AND AGREE THAT THIS RELEASE, WAIVER AND INDEMNITY SHALL BIND THE PARTICIPANT NAMED ABOVE, ME, AND OUR HEIRS, EXECUTORS, ADMINISTRATORS, SUCCESSORS, ASSIGNS AND PERSONAL REPRESENTATIVES.

\_\_\_\_\_  
Name of Parent or Legal Guardian (please print)

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

Personal information contained on this form is collected pursuant to the *Municipal Freedom of Information and Protection of Privacy Act and the Police Services Act* and is collected for the purpose of registration for Cop Camp. Questions concerning this collection should be directed to the Manager, Human Resources Section, Hamilton Police, 155 King William Street, Hamilton, Ontario, L8N 4C1; Phone 905-546-3862.