984 PORTAGE AVE.
WINNIPEG, MB R3G 0R6
ENTRANCE ON AUBREY ST.
EXPERIENCEMOMENTA.COM
P / 204.808.9722
F / 204.415.4327

MOMENTA · EXPERIENCE · DISCOVER · GROW

Program____________________
Date____________________

WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in Momenta experience discover grow's athletic/sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown physical and legal, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation. I knowingly waive my right to bring any legal action for any injuries I may suffer as a result of my participation in the above activity; and,

I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and

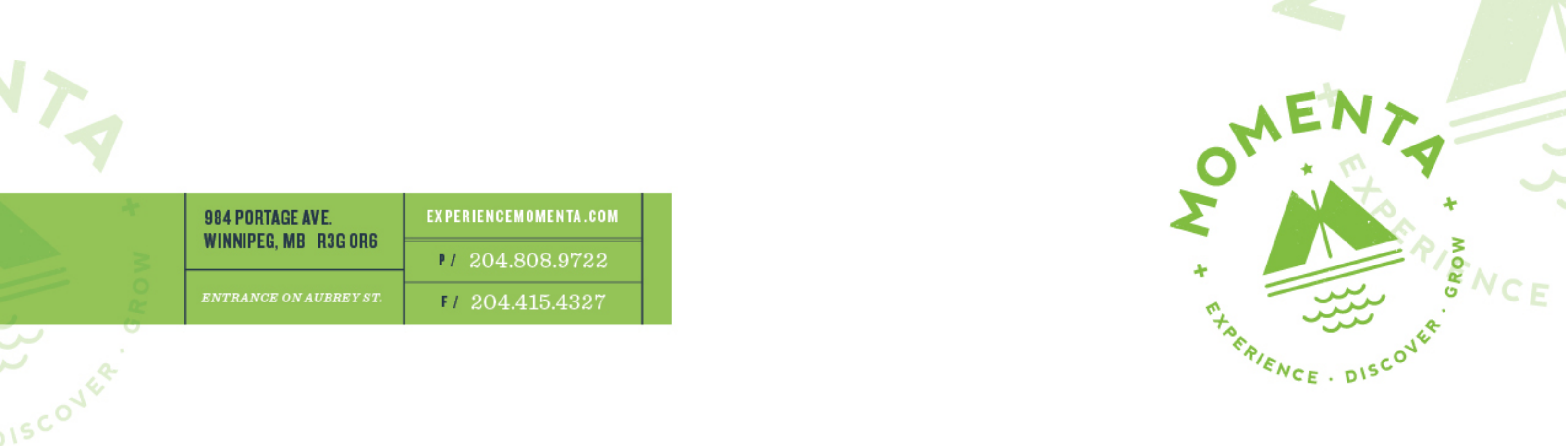
I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Momenta experience discover grow their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

____________________	____________________	__________
PARTICIPANT NAME	PARTICIPANT'S SIGNATURE	DATE SIGNED
____________________	____________________	__________
WITNESS NAME	WITNESS'S SIGNATURE	DATE SIGNED

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT TIME OF REGISTRATION)
This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above.

____________________	____________________	__________
PARENT/GUARDIAN NAME	PARENT/GUARDIAN SIGNATURE	DATE SIGNED
____________________	____________________	__________
WITNESS NAME	WITNESS'S SIGNATURE	DATE SIGNED



Momenta Program Permission Form, Photo Release, & Data Collection

I give permission for ______________________
to attend the following Momenta Program
_________________________________ on the
following dates _________________________.
I certify that I am the legal guardian of this child and that I have reviewed Momenta's behaviour expectations with my child.

Momenta Expectations

1. Have fun
2. Take care of each other
3. Be respectful
4. Participate
5. Be safe

I have read and agree to follow Momenta's Expectations :

____
Participant signature

Please note, cell phones and other electronic devices are not permitted at Momenta programs. All electronic devices should be handed in at the beginning of a program for safe keeping. If a participant needs to phone home, they can do so from a land line or a staff phone. Parents are encouraged to keep electronic devices especially cell phones at home while their child attends a Momenta program. Thank you for helping everyone to have fun and participate.

I, ____________________________________, as the person (or guardian of the person) named, hereby authorize Momenta experience discover grow, their officers, employees, video or cinematographic agents, namely, in any publication, broadcast, posting on the internet (web), advertising or display, to be used without restriction and for a period of 50 years following the end of the calendar year in which the work is first completed.
I hereby release Momenta experience discover grow, it's officers, employees, and agents from any and all claims, of any kind, which I (or the minor person) may have, now or in the future, in connection with the use that person's likeness, as referred to above.

____
Name of guardian if participant is a minor

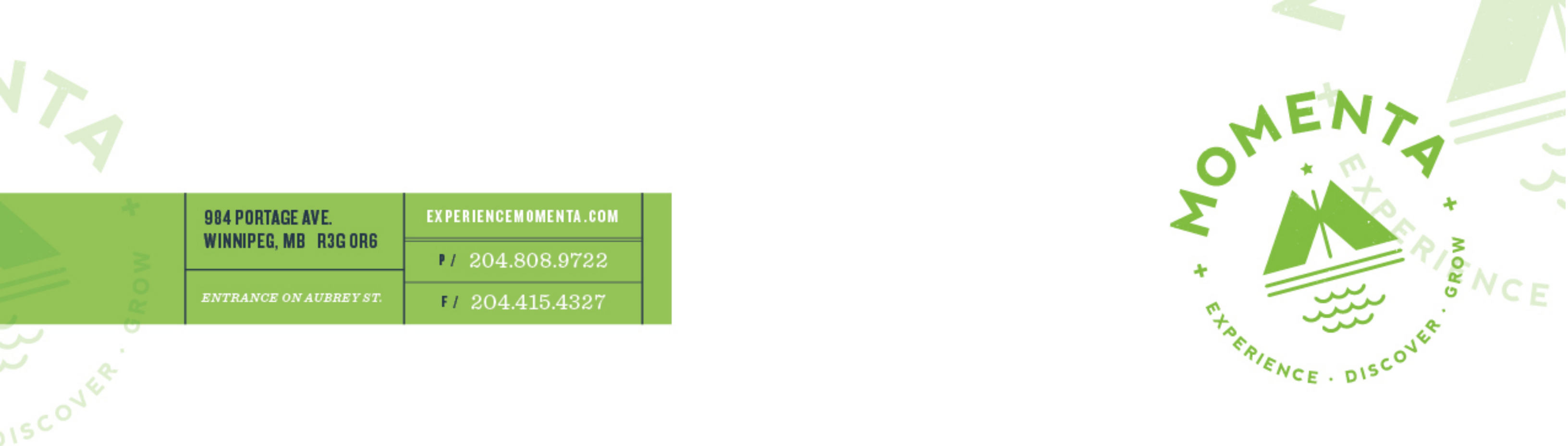
____
Signature of participant or guardian

I, ____________________________________, as the person (or guardian of the person) named, understand that information about my child will be used in collecting non-identifiable data for program evaluation and research.

____
Name of guardian if participant is a minor

____
Signature of participant or guardian

____
Date



Program:
Date:
Participant Name ______________________________

Birthdate of Participant ____________ Age ______ Gender/Pronoun: ____________

Mailing Address ______________________________

Name of Parent or Guardian ______________________________

Home Phone (____)______________ Work or Cell Phone (____)______________

Doctor's Name ______________ Doctor's Phone ______________

Manitoba Health Number ______________________________

Emergency Contact Name ______________ Relationship ______________

Home Phone (____)______________ Work or Cell Phone (____)______________

Emergency Contact Name ______________ Relationship ______________

Home Phone (____)______________ Work of Cell Phone (____)______________

General Medical History

Does participant currently have a history of	Yes	No
1. Resperatory problems		
2. Asthma		
If YES to 1 or 2: what triggers attack? Last episode? Any other pertinent information?		
3. Gastrointestinal disturbances		
4. Diabetes		
5. Blood disorders		
If YES to 3 thru 5: what are the specifics?		
6. Neurological problems		

Does participant currently have a history of	Yes	No
7. Seizures		
8. Dizziness, fainting		
9. Migranes		
If YES to 6 thru 9: describe frequency, date of last episode and severity		
10. Disorders of urinary tract		
11. Hypertention		
12. Cardiac problems		
13. Other Medical Conditions not included above		
If YES to 10 thru 13, include the specifics.		
Questions 13 and 14 are for female participants only		
14. Treatment for menstrual cramps		
15. Pregnant		
If YES to 14 thru 15 include specifics.		
In the past three years, does participant have a history of:	Yes	No
16. Fractures		
17. Sprains		
18. Other joint or muscle injury		
If YES to 16 thru 18: include specifics including injury location on body, when it occurred, was surgery required, any special considerations.		
19. Allergies to foods		
20. Dietary restrictions		
21. Environmental allergies		
22. Allergies to Medications		
If YES to 19 thru 22, include specifics, severity, reactions and treatment.		

	Yes	No
23. Does the participant plan to take perscription or non-perscription (over the counter) medication during the program		

If YES to 23, please complete the next table. Attach a separate sheet if necessary.

Medication	Dosage, Include amount and time taken	Side effects	Restrictions	For what condition

Personal History

Is the participant currently experiencing:	Yes	No
24. Smokes tobacco cigarettes		
25. Substance abuse		
26. Eating disorder		
27. Anxiety disorder		
28. Depression		
29. Behaviour disorder		
30. Trouble sleeping or sleep disorders		
31. Other: ____________		

If YES to 24 thru 31 include triggers, reactions and treatment
*Please note that if your child is addicted to smoking tobacco cigarettes, cigarettes and lighters must be handed in on the first day of camp. Please note how you would like camp staff to manage this addiction for the duration of camp.

32. What is the participants' fitness level? Above Average Average Below Average

33. What is the participants' swimming level? Above Average Average Non-swimmer

34. Date of last tetanus shot ____________

35. What is the participant's shoe size ______ t-shirt size ________

By my signature, I attest all information on this form is complete, thorough and truthful.

Parent / Guardian Signature ____________________

Date ____________