



Minor Participants Only

**WAIVER AND RELEASE**  
*(in favour of the City of Burnaby)*

BETWEEN: **THE CITY OF BURNABY (the City)**

AND:

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_

(Parent / Legal Guardian)

I, **THE UNDERSIGNED** Parent / Legal guardian, acknowledge that I have informed myself as to the various risks associated with and inherent in the recreation program or service named below for my child indicated below and hereby agree as follows:

That in consideration of the fees to be paid and the instruction and services provided, I do hereby on behalf of myself, my heirs and assigns, agree to release, waive, and forever discharge the City and its officers, servants, agents, and co-sponsoring organizations, from claims, costs, cause of action, or demands howsoever arising out of any incidents or occurrences that may result in injury (including death), loss, or damage, as a result of my participation in the City program. In the case of injury to my child, I authorize staff to administer minor First Aid and / or obtain further medical treatment for my child. I understand that in daily play or practice, none of the following is permitted: cheating, swearing, club throwing, horseplay, yelling, or failure to treat the properties properly. I have discussed these rules with my child and agree that my child will adhere to these rules and the rules of golf and golf etiquette.

**NOTE: a 48 hour notice is required for program cancellations. Cancellations are subject to a \$6.00 administration fee.**

DATED THIS \_\_\_\_\_ day of \_\_\_\_\_ **2024**

Child's Name: \_\_\_\_\_ / \_\_\_\_\_ Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Surname Given Name Mo. Day Year

Child's Phone: \_\_\_\_\_ alternate: \_\_\_\_\_

Child's Address: \_\_\_\_\_  
Street number and address City Postal Code

Program Name: Golf Team Program Type: \_\_\_\_\_

Facility: \_\_\_\_\_ Program Date(s): \_\_\_\_\_

\_\_\_\_\_  
(Signature of Parent / Legal Guardian)

Does this participant have a life-threatening allergy? No  Yes

Does this participant have any condition (ie: medical condition) that staff need to be aware of? No  Yes

**THIS FORM is to be fully completed and signed by each child's parent or legal guardian.**