



Wascana Racing Canoe Club

2025 Waiver Form

Student Name: _____ Date of Birth (Month/Day/Year): ____/____/____

Address: _____ Postal Code: _____ Telephone: _____

E-mail: _____

Emergency Contact: _____ Telephone: _____

Relationship to Athlete (Parent/Guardian, etc): _____

If you wish to declare your Aboriginal ancestry, please check one of the following that is most applicable. Please note that this declaration is voluntary: Status/Treaty _____ Non-Status _____ Métis _____ Inuit _____

Check which Group:

☐ Open House

☐ School Name: _____

Medical Information

Please answer yes or no to the following questions;

1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? _____

2. Do you feel pain in your chest when you do physical activity? _____

3. In the past month, have you had chest pain when you were not doing physical activity? _____

4. Do you lose your balance because of dizziness or do you ever lose consciousness? _____

5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity? _____

6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition? _____

7. Do you know of any other reason why you should not do physical activity? _____

Waiver & Release

I declare that all the above information is true and complete. As a student over the age of 18, or as a parent of a child under the age of 18, I give permission to the WRCC Coaches and other WRCC designated adult chaperones to attend to any required needs of myself (if over 18) or my child (if a parent of a child under 18) during any Wascana Racing Canoe Club (WRCC) event or activity, whether in Regina, at another location or while in transit. I acknowledge and accept that due to the nature of the sport of sprint canoe/kayak there are inherent risks. I am aware that supervision is provided on the water during scheduled WRCC training sessions but that there is limited supervision in the boathouse and surrounding area between scheduled workouts. I, as an athlete over the age of 18 will participate in, or as a parent of a child under the age of 18 will allow participation in, WRCC activities under these circumstances. I hereby release the WRCC Executive, Coaches, Officials, Chaperones and any other WRCC appointed individuals from liability in association with any injury or from any other situation affecting me or my child in any activity associated with a WRCC event.

Signature of Student

Date

Signature of Parent/Guardian if student is under 18 years of age

Date

Consent for Release of Information

The Freedom of Information Policy requires that we have permission in order to post your information and/or photos on our website, newsletters or any public domain. We respect and protect the privacy of our Registrants. Personal information is used only for Canoe/Kayak purposes. The following are examples where information or photos may be used:

- The use of an student's name and/or photo in WRCC newsletters, on our website, bulletin boards or local newspapers.
- The taking of individual or team photo.
- The circulation of information promoting Canoe/kayak information and opportunities.

I hereby give consent for the Wascana Racing Canoe Club to use information and/or photos for the purposes specified above.

Student name:

(Please print)

Signature:

Date: