Epinephrine Administration Agreement

Release and Waiver of Liability and Indemity,
Assumption of Risks and Consent to Medical Treatment

City of Mississauga
Community Services Department
Recreation

The personal information on this form is collected under authority of Section 11 of the *Municipal Act 2001*, SO 2001, c. 25. Only a parent/legal guardian shown on this form and City of Mississauga Staff are entitled to have access to the information indicated on this form. This form will be used to administer the City of Mississauga Recreation Programs. Questions about this collection should be directed to: Manager, Customer Service Centre, 301 Burnhamthorpe Road West, Ground floor, 905-615-3200 x5037.

Participant Information

Last Name	Middle Name	First Name

Phone Number	Birth Date (YYYY/MM/DD)

Address: Number Street Name	Apt. Number

City	Province	Postal Code

If the participate is under 18, a Legal Guardian must complete the following:

Legal Guardian Information

Last Name	Middle Name	First Name

Phone Number	Alternate Phone Number

Address: Number Street Name	Apt. Number

City	Province	Postal Code

Emergency Contact Information (if different from above)

Last Name	Middle Name	First Name

Phone Number	Alternate Phone Number

BY SIGNING BELOW YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE. PLEASE READ CAREFULLY.

Release and Wavier of Liability and Indemnity
The Participant and Parent/Legal Guardian agree to release and waive all claims and hereby indemnify and hold harmless the Corporation of the City of Mississauga ("City"), its volunteers and other participants for any and all liability for any property damage or personal injury resulting from the administration of epinephrine. The Participant and Parent/Legal Guardian hereby further agree that the City, its volunteers and other participants shall not be liable, either directly or indirectly, for any claims, or any damages, costs and expenses respecting any act done in good faith, including, but not limited to personal injury, death, property damage or loss in the administration of epinephrine, whether or not such injury, damage or loss occurred as a result of any negligence, negligent misrepresentation or breach of statutory duty and/or breach of contract on the part of the City, its volunteers and other participants, unless damages are the result of gross negligence on the part of the City, its volunteers and other participants.

Assumption of Risks
The administration of epinephrine involves various risks, dangers and hazards which the Participant is required to assume. The Participant and Parent/Legal Guardian hereby freely accept and fully assume all such risks, dangers and hazards and the possibility of personal injury, death, property or loss resulting there from.

Consent to Medical Treatment
The participant and Guardian agree to hereby give permission to have the City, its volunteers and other participants arrange for any emergency medical care including hospitalization/transportation, if necessary, to the administration of such emergency medical treatment as may be deemed necessary in the circumstances. The Participant and Parent/Legal Guardian agrees to pay all costs associated with medical care and transportation.

Please check one of the following boxes:

☐ I have read the release and waiver of liability and indemity, assumption of risks and consent to medical treatment, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

☐ I have read the release and waiver of liability and indemity, assumption of risks and consent to medical treatment, and **do not agree** with its terms and conditions. I acknowledge that the City has provided me with a letter and understand that without this signed consent the City does not have the required permission to administer epinephrine to the participant in the event of an allergic reaction.

Signature of Participant	Print Name Clearly	Date (YYYY/MM/DD)

Or, if under 18 years of age:

Signature of Parent(s) / Legal Guardian(s)	Print Name Clearly	Date (YYYY/MM/DD)