

Sydenham Sportsmen's Association Youth Waiver Form

PERMISSION TO TAKE PHOTOGRAPHS

In the event that photographs may be taken of myself or my child/ren during the course of participating in a Sydenham Sportsmen's approved function event,

I _____ (**PLEASE CIRCLE ONE BELOW**)
(Parent/Guardian Print Name)

DO GIVE PERMISSION

DO NOT GIVE PERMISSION

For these photos to be displayed or publicized at a later date.

(Signature of Parent/Guardian) (Date)

WAIVER AND ASSUMPTION OF RISK

I, _____ Do consent to have _____
(Parent/Guardian Print Name) (Children's Name Print Name) (Age)

Participate in the above noted program, co-hosted or hosted by the Sydenham Sportsmen's Association. As part of registering this (these) child/ren, I hereby agree as follows:

1. I acknowledge that I am aware of the risks associated with this activity and the possibilities of accident or injury which are inherent in this type of activity. I declare that my child/ren is/are fully covered by medical, dental and hospital insurance, including emergency treatment, and that I am fully protected in case of an accident to my child/ren.
2. That I acknowledge that there are inherent risks associated with this activity and that my children could sustain personal injury through participation in this activity and I am hereby accepting to take that risk on behalf of myself and my child/ren.
3. To save harmless and keep indemnified the Sydenham Sportsmen's Association, their directors, and their respective agents, officials, servants, and representatives from and against all claims and actions, costs and expenses and demands, in respect of injury, loss or damage or death to myself or my child/ren's person.
4. That I affirm that my child/ren's is/are in good health, capable of participating in the program and activities of the Sydenham Sportsmen's Association, and I accept personal risk on behalf of myself and my child/ren for the consequences of such participation.
5. That I agree that my child/ren will act in an appropriate manner and follow with the appointed group and group leader for the Events Selected.
6. In the event of an accident or medical problem suffered by my child/ren, I consent to appropriate medical care by Sydenham Sportsmen's Association volunteers with Standard First Aid Certificates.
7. That I declare this Waiver and Assumption of Risk binding on me, my child/ren, my heirs, executors, administrators, and assigns.

I have read this Waiver and Assumption of Risk and Fully understand all the aspects of it.

Sydenham Sportsmen's Association

Youth Waiver Form

(Signature of Parent/Guardian) (Date)

Please select the activities that the Participants will be attending

Activity	Date
Leaf and Tree Identification	June 29 th , 2025
Firearm Shooting	June 29 th , 2025
Flyfishing Casting	July 13 th , 2025
Archery Shooting	July 13 th , 2025
Robin Rooster Building	July 27 th , 2025
Firearm Shooting	July 27 th , 2025