



ADAPTABILITIES

CREATING SUCCESS FOR LIFE

Consent Forms 2025-2026

All waivers must be signed

ASSUMPTION OF RISK

On behalf of _____, as parent/guardian, I

_____ understand that there are risks/dangers, which are inherent to each specific activity provided by Alberta AdaptAbilities Association. These risks include, but are not limited to, the loss of personal property, the possibility of physical injury to them or another participant, such as muscle strain, broken bone(s), concussion, soft tissue damage, infectious disease, etc., including the possible risk of severe or fatal injury.

Alberta AdaptAbilities Association strives to provide awareness of risks associated with each of the programs/activities it offers. As a parent/guardian, I understand that it is my responsibility to ascertain if there are any health conditions which make it inadvisable for participation in any Alberta AdaptAbilities Association program. I also understand that I am responsible for any medical treatment or costs which may occur because of their participation.

I, the parent/guardian remise, release, and forever discharge Alberta AdaptAbilities Association, its heirs, successors, executives, administrators, directors, officers, employees, students, insurers, agents, and assigns of and from any and all manner of actions, causes of action, suits, debts, costs, claims, damages, whatsoever arising out of or in consequence of any loss, injury, or damage of any kind sustained by child/adult in an Alberta AdaptAbilities Association program. In the event of an accident, I give permission for qualified Alberta AdaptAbilities Association employee to administer first aid and/or CPR, and/or accompany them in ambulance.

I understand that I will be responsible for the cost, in full of any transportation, to and from the hospital or location of treatment, including but not limited to ambulance transportation.

I understand that I or another emergency contact must be available to pick up the person named above immediately at any time during an AdaptAbilities program due to emergency situations, sickness, or behaviours.

I acknowledge that I have read and understood this agreement, that I understand, appreciate, and accept the risks associated with the participant in an Alberta AdaptAbilities Association program. As the parent/guardian, I consent for them to participate in Alberta AdaptAbilities Association programs from:

Signed this _____ day of _____, 20____, Edmonton, Alberta
expiring August 31, 2026.

Individual/Guardian/Primary Contact

Individual/Guardian/Primary Contact Signature

Reviewed by: Employee Name

Employee Signature

PHOTO DISCLOSURE

On behalf of _____, as a parent/guardian, I

_____ understand that there are times when Alberta AdaptAbilities Association will take archival and/or promotional photos of the participants.

Alberta AdaptAbilities Association continues to be a leader in disability services within the City of Edmonton, and we strive to provide quality service to our families and the people who hire us.

To keep the legacy of our core purpose alive, and to further market our programs, we would like to promote successful experiences to prospective and current participants by displaying our people involved in meaningful days and purposeful support.

Please check the appropriate box for photo disclosure of pictures taken:

☐ YES

Photos may be used externally at the discretion of Alberta AdaptAbilities Association (i.e. website, social media, and advertising purposes)

☐ NO

I do not like photos taken. However, I understand that photos may be taken within Alberta AdaptAbilities Association programs, and there is a possibility that they will be situated within some photos. Alberta AdaptAbilities will not use their photo in any manner if this were to occur.

Signed this _____ day of _____, 20____, Edmonton Alberta.

Individual/Guardian/Primary Contact Name

Individual/Guardian/Primary Contact Signature

Reviewed By: Employee Name

Employee Signature

RELEASE OF INFORMATION

Authorization For The Release/Exchange Of Confidential Information

On behalf of _____, as parent/guardian, I

_____ hereby authorize the release and exchange of any information including personal information, which would otherwise by law be considered to be privileged and private information to/from/between the following agency(s), individual(s), and/or professional(s).

List Agency/Individual/Professional
<input checked="" type="checkbox"/> AdaptAbilities
<input checked="" type="checkbox"/> Funding Agency (Specify):
<input type="checkbox"/> School/Teacher (Specify):
<input type="checkbox"/> Social Worker (Specify):
<input type="checkbox"/> Other (Specify):
<input type="checkbox"/> Other (Specify):

<p>I choose not to authorize release of the following information, including:</p> <p>_____</p> <p>_____</p>

- ☐ I understand that I may revoke this consent at any time by doing so in writing.
- ☐ Any additional changes will require a new signature and corresponding date.

Signed this _____ day of _____, 20____, Edmonton, Alberta
expiring August 31, 2026.

Individual/Guardian/Primary Contact

Individual/Guardian/Primary Contact Signature

Reviewed by: Employee Name

Employee Signature