



EPINEPHRINE ADMINISTRATION
RELEASE AND WAIVER OF LIABILITY AND INDEMNITY,
ASSUMPTION OF RISKS AND CONSENT TO MEDICAL TREATMENT AGREEMENT

Participant Name "Participant": Last: Middle: First:

Phone Number: () Birth Date: (Year) (Month) (Day)

Address: Street: Apt:

City: Province: Postal Code:

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

Legal Guardian "Guardian": Last: Middle: First:

Phone Number: () ()

Address: Street: Apt:

City: Province: Postal Code:

Emergency Contact Information (if different from above):

Name: Last: Middle: First:

Phone Numbers: () ()

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 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.

Assumption of Risks

The administration of epinephrine involves various risks, dangers and hazards which the Participant is required to assume. The Participant and 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.

PLEASE CHECK ONE OF THE FOLLOWING BOXES:

[] I HAVE READ THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY, 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 INDEMNITY, ASSUMPTION OF RISKS AND CONSENT TO MEDICAL TREATMENT AND DO NOT AGREE WITH ITS TERMS AND CONDNTIONS. 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

Or, if under 18 years of age:

Signature of Guardian

Print Name Clearly

Date

Municipal Freedom of Information

Personal information contained on this form is collected under the authority of section 11 of the Municipal Act 2001, SO2001, c.25. The information will be used for the purpose of administering the City of Mississauga Recreation and Parks recreation programs. Questions about this collection should be directed to: The Freedom of Information Coordinator, Office of the City Clerk, 3-300 City Centre Drive, Mississauga, ON, L5B 3C1, (T) 905-896-5421, (E) privacy@mississauga.ca