

WAIVER

Parent/Guardian Permission Form

	(This form to be used for minors only)	
	As the parent or legal guardian of I hereby grant permission for said child to participate run by the Canadian Alopecia Areata Foundation <u>Kids'/Teens' Club Event</u> and I hereby agree as follow	n ("CANAAF") for this CANAAF
(i)	I am aware that CANAAF is an organization of volunteers who organize and involve the participation of children of various ages who have alopecia areata;	
(ii)	My child is in good health for the activity in which he/she will participate. I have advised CANAAF of any allergies or health concerns regarding my child and am aware of the risks to my child in participating in this event;	
(iii)	I permit the use of any photos, slides, films, or sketches of him/her taken during the day's activities for publicity, advertising, promotion or other commercial purpose.	
(iv)	I fully and finally release CANAAF and any and all of their directors, officers, employees, volunteers and other assistants from any and all liability for any injury, harm, and loss we suffer or may suffer in any way associated with my minor child's participation in this event.	
(v)	The above agreement shall be binding on my heirs, successors, assigns, administrators and executors.	
	AVE READ THE ABOVE AND BY SIGNING IT AGREE TO THE TERMS AND REE FOR MY CHILD TO PARTICIPATE IN THE CANAAF KIDS' CLUBENT AND I AGREE TO ASSUME AND ACCEPT ALL RISKS ASSOCIATED EREWITH.	
	Date	Print Name Relationship to Child:
	Phone No. where parent can be reached during event:	
	Date	Witness Print Name