

**Deeper Life @ SBC**  
**Participation Waiver Form**  
**Informed Consent and Assumption of Risk**

Participant's Name: \_\_\_\_\_ Birthday: \_\_\_\_\_  
(please print)

IN CONSIDERATION of being permitted to participate in any way at Deeper Life @ SBC (DL@SBC), I acknowledge, understand, and agree:

1. I agree to adhere to all Saskatchewan Health Authority (SHA) or government regulations that are in place. I understand that there is a risk of exposure to a contagious illness while I attend the facility and/or programming, in spite of the precautions that have been taken by DL@SBC in following directions outlined by local health authorities to try to limit exposure to these. In the event of a potential exposure to a contagious illness at DL@SBC, I give them permission to share my contact information with SHA for the purposes of contact tracing and notification of potential exposure or risk.
2. I agree to voluntarily and forever release, waive, and discharge DL@SBC and their respective employees, volunteers and representatives, from and against, and hereby covenant not to sue any of them regarding, any and all causes of action, claims, damages, injuries, or liabilities arising out of or in any way resulting from DL@SBC activities or programs.
3. I accept all risks relating to participation in all activities. Risks may include personal injury such as: cuts, sprains, scrapes, bruises, fractures, broken bones, concussions, death, or any personal property damage/loss, which may occur while participating at DL@SBC. This includes on-site, off-site, or while travelling. I understand these risks and will not hold the ministry liable for any such injury.
4. I hereby give permission to be photographed during DL@SBC programs or events. I understand that the photos will be used to keep a journal of activities, to share during presentations and for promotional purposes. I understand that although my photograph may be used for advertising, my identity will not be disclosed. I do not expect compensation and agree that all photos are the property of DL@SBC.
5. Furthermore, I agree to obey all DL@SBC rules and take full responsibility for my behavior in addition to any damage I may cause to the facilities utilized by DL@SBC.

I have read this agreement, fully understand its terms and the risks I am assuming by signing it, and sign it freely and voluntarily.

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Participant Signature (13 years and older)

Date

Phone #

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(Address, City, Province, Postal Code)

**FOR PARTICIPANTS OF MINORITY AGE**

(under age 18 at time of registration)

This is to certify that I, as parent/guardian with legal responsibility for this participant, have read this Agreement, fully understand its terms, and that I have given up substantial rights by signing it, and sign it freely and voluntarily.

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Parent/Guardian's Signature

Date

Phone #