RDIEC Summer Skills Camps
July 8 - 12, 2019

Participant Waiver Form

I hereby agree to release Skills Canada Saskatchewan and the Regina District Industry Education Council from liability for any injury resulting from any cause whatsoever occurring to the named person at any time while attending the Summer Skills Camp, including travel to and from the event.

Name of Participant:_____ Age:_____
Please Print

Name of Legal Parent/Guardian:_____
Please Print

Please list the name of **ALL** designated person(s) who will be picking up the above student at the end of each day:

_____

_____

Please list any allergies or medical conditions that RDIEC and Skills Canada Saskatchewan should be aware of: (include food allergies)

_____

_____

Is your student FNMI declared? Yes No

I allow pictures to be taken of my student and posted on the Regina District Industry Education Council (www.rdiec.ca) and\or incorporated into news stories or posted by local news media.

Yes No

Signature of Parent/Guardian:_____

Contact Information: In case of emergency, please provided us with telephone contact information below:

Cell # _____

Work # _____