



# Waiver Form 2018

Child's Full Name:

While every reasonable precaution is taken with Camp Chaos programs, I recognize that there are inherent risks associated with the program. I hereby agree to release Calgary Apraxia Parents Exchange from all claims, liabilities, obligations and costs which I may have against the camps respective agents, volunteers, servants and representatives, arising out of injury, loss or damage that I or my child may suffer while I or my child participates in the Camp Chaos program, whether or not arising out of any negligence on the party of Calgary Apraxia Parents Exchange or its respective agents, volunteers, servants or representatives.

**Parent**

**Witness**

Print Name:

Print Name:

Signature:

Signature:

Date:

Date:

[www.CalgaryApraxiaParentsExchange.ca](http://www.CalgaryApraxiaParentsExchange.ca)



**Calgary Apraxia  
Parents Exchange**