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L'il Chipper Ice Carving Workshop

Student Registration and Waiver for Parents

The L'il Chippers ice carving workshops give school groups a first-hand experience of ice carving with an artist instructor. Your child's classroom is registered to attend a L'il Chippers workshop on _____.
The ice carving lesson is approximately 45 minutes long and the children are encouraged to enjoy the other activities in the park such as the ice slides, castle and sculptures.

Weather appropriate clothing is mandatory.

We look forward to having your child participate in the Ice on Whyte Festival!

SCHOOL NAME: _____

CHILD'S NAME: _____

PARENT'S NAME: _____

ADDRESS: _____

PHONE: _____ **EMERGENCY PHONE:** _____

EMERGENCY CONTACT: _____ **RELATION:** _____

ALLERGIES: _____ **MEDICAL CONDITIONS:** _____

SPECIAL INSTRUCTIONS: _____

RELEASE and WAIVER

In consideration of The Old Strathcona Business Association and The City of Edmonton, I am allowing my child to participate in the L'il Chipper Ice Carving Workshop and activities as part of the Ice on Whyte Festival.

I, _____ parent/guardian of _____
(Name of Parent/Guardian) (Name of child)

agree for my child, his/her heirs, executors, administrators, and assigns, to waive any claims to which my child may become entitled to for injury or damage and release the above mentioned organizations, and all other organizers, sponsors, representatives, their agents and employees and any other organizations associated with the L'il Chippers Workshop, from any claims for damages of injury suffered by my child as a result of my child's participation in L'il Chipper workshop.

I, parent/guardian of the above named participant, in consideration of the acceptance of this registration, hereby join and confirm waiver and release. I certify that my child's correct information has been provided and that he/she does not have any physical or mental deficiencies which may be aggravated, or in any way endanger him/her by participating in the L'il Chipper workshops.

I also give permission for free, unlimited use of my child's name and picture in broadcast, telecast, commercial or written account of this camp or, in respect of any Old Strathcona Business Association advertising in any media, of my child's participation in the L'il Chipper workshop.

DATED this, _____ **day of** _____ **20** _____.

Parent/Guardian Signature: _____

Full name of Parent/Guardian: _____

This completed signed form will serve as your child's registration for a L'il Chipper workshop.