



Jamaican Canadian Association Alberta
P.O. Box 22264 – Bankers Hall, Calgary Alberta Canada T2P 4J1
403.775.1235 www.jcaalberta.com



JCAA CARIFEST REGISTRATION FORM

First Name	
Last Name	
Email	
Phone	
Gender	
Emergency contact name	
Emergency contact phone	
Costume	<input type="checkbox"/> Female: Adult Option 1 \$150.00 or <input type="checkbox"/> Option 2 \$200.00 <input type="checkbox"/> Male: Adult Option 1 \$150.00 or <input type="checkbox"/> Option 2 \$200.00 <input type="checkbox"/> Youth (12 & under) \$60.00
<input type="checkbox"/> I acknowledge that the deposit made on my Carifest costume is non-refundable	
<input type="checkbox"/> I accept that the JCAA accepts no liability for my participation in the 2018 Carifest parade	
<input type="checkbox"/> I authorize JCAA to use photographs, video, and/or other likenesses of me for use in its promotional materials or sales and waive any rights of compensation or ownership thereto.	
Signature*	
Date	
For JCAA Administrative Use Only	
Deposit received	<input type="checkbox"/> Yes <input type="checkbox"/> No Deposit amount
JCAA representative (Print Name)	
Date	

WAIVER FORM

Those who are under 18 years of age **MUST** have a parent or legal guardian sign our waiver for you.

I _____ agree and acknowledge that or

I hereby certify that I am the parent or guardian of _____ (Child Name), give permission to him/her participation in Carifest Parade with the Jamaican Canadian Association Alberta (JCAA) Mas Band and will abide by its rules and regulations.

- I am aware that participating in the event may have risks and I freely and voluntarily assume all of the risks and hazards of participation.
- I waive all claims that I have or I may have in the future against JCAA executive members, volunteers, and members arising from participation in Carifest Parade.
- I have agreed to hold harmless and indemnify JCAA from any and all liability for any damage to the property of, or personal injury to any third party, resulting from my participation in this activity; and
- I have agreed that this agreement shall be effective and binding upon myself, the participants named above of whom I am the legal guardian, our heirs, next of kin, executors, administrators, assignees, and representatives in the event of our death or incapacity.
- JCAA may secure such medical advice and services as it, in its sole discretion, may deem necessary for my Child's health and safety and I shall be financially responsible for such advice and services.
- I have read, understand, and agree to the JCAA rules and regulations.

Name Print

Signature

____/____/_____
Date

Parent Name Print

Signature

____/____/_____
Date