

JOY OF JUDO INTRODUCTORY PROGRAM

Emergency Response & Caregiver Liability Waiver

Location: Salt Spring Island Multi-Space

Program Scope: Introductory Program Series

1. PARTICIPANT & CAREGIVER INFORMATION

Caregiver Full Name:

Child Full Name:

Primary Phone Number:

Secondary Phone Number:

2. DESIGNATED EMERGENCY CONTACTS (AUTHORIZED TO PICK UP)

Must be capable of responding within the mandatory 45-minute arrival constraint if primary caregiver is unreachable.

Contact 1 Name:

Phone:

Contact 2 Name:

Phone:

3. MANDATORY CAREGIVER OPERATIONAL GUARANTEES & RELEASES

A. 45-Minute Pickup Guarantee:

I, the undersigned caregiver, explicitly guarantee that in the event of my child being ill, injured, or behaving in an unsafe manner, I personally, or one of my named emergency contacts listed above, will arrive at the Salt Spring Island Multi-Space to pick them up within 45 minutes of notification from program staff.

Initials:

B. Unsafe Behaviour Clause:

I acknowledge that 'unsafe behaviour' is defined at the sole discretion of the Joy of Judo instruction staff. If my child's behaviour compromises group safety, I accept that immediate removal from the session is mandatory and the 45-minute pickup sequence applies.

Initials:

C. Emergency Medical Consent:

In the event of an urgent medical emergency where neither I nor my emergency contacts can be reached within the required window, I hereby authorize program staff to secure appropriate professional medical treatment, including ambulance transport, at the caregiver's expense.

Initials:

D. Operational Release of Liability:

I release, waive, and hold harmless the Joy of Judo program, its instructors, volunteers, and the venue from any liability, claims, or demands arising out of pickup timelines or reasonable actions executed by staff to preserve general safety during the 45-minute waiting window.

Initials:

4. ACKNOWLEDGMENT & SIGNATURE

By finalizing this form, I certify that I am the legal legal guardian of the child participant and agree to all terms above.

Caregiver Signature:

Date: