

## Medical Assistance and/or Treatment Agreement

(Approved by CWASC Board of Directors on October 12, 2020)

As a parent/guardian I agree that in the event that I or my child(ren)/dependant(s) require medical assistance and/or treatment while under the supervision of Calgary Westside Aline Ski Club (CWASC) personnel in connection with any sponsored activity or trip, such supervisor can summon and/or authorize medical assistance and/or treatment.

I also agree to take responsibility for payment of all medical, hospital or other expenses which I or my child(ren)/dependant(s) may incur as a result of such medical assistance and/or treatment.

I have read and accept the CWASC “Medical Assistance and/or Treatment Agreement”:\_\_