



Making a difference...together

**PANORAMA WATERSLIDE  
CAREGIVER ASSISTED DOUBLE RIDING QUESTIONNAIRE**

**(THE CAREGIVER MUST BE 19 YEARS OR OLDER)**

For purposes of this document the Caregiver is referred to as the **Rear rider** and the Patron needing support for assisted double riding will be referred to as the **Front rider**.

I am an authorized caregiver of the Patron named below  Yes  No

\_\_\_\_\_   
Print Patron's Name

I agree to accompany the above named Patron on the waterslide  Yes  No

I agree to wear the designated head protection (helmet to be provided by Panorama)  Yes  No

The combined weight of both riders is less than 400 lbs (181 kg)  Yes  No

I agree to follow all directions of the Lifeguards on duty  Yes  No

I understand that Panorama has a lifejacket available for my use upon my request  Yes  No

I understand both riders must remain seated throughout the ride  Yes  No

I understand that the Front rider must not sit on my lap  Yes  No

I will position the Front rider between my legs with my arms wrapped around him/her  Yes  No

**Emergency Contact Information for Caregiver:**  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_

<b>NAME OF CAREGIVER (print):</b>	<b>AGE:</b>
<b>ADDRESS:</b>	
<b>PHONE NUMBER:</b>	
<b>SIGNATURE OF CAREGIVER:</b>	<b>DATE:</b>

**IF ALL ANSWERS ARE YES  
PLEASE PROCEED TO THE OTHER SIDE OF THIS DOCUMENT**

# RELEASE OF LIABILITY AND WAIVER OF CLAIMS

**PLEASE READ CAREFULLY!  
BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING  
THE RIGHT TO SUE**

## AWARENESS OF RISK

I am aware of the increase in the risk of injury associated with participating in **Assisted Double Riding** on the Panorama Waterslide including but not limited to the risk of serious physical injury and even death.

I have completed the Panorama Waterslide Caregiver Assisted Double Riding Questionnaire and qualified (see reverse).

I am not aware of any medical condition that would affect my ability to participate as a Rear rider in the Assisted Double Riding.

By choosing to take part in this activity, I am accepting the risk that I may be injured. I understand that the Capital Regional District does not provide me with any disability, accident, liability or medical insurance or compensation of any kind in respect to my participation in this activity.

## WAIVER AND RELEASE

Having knowledge of these risks, and in consideration of being allowed to participate in Assisted Double Riding on the Panorama Waterslide, I hereby for myself, my heirs, executors, administrators, or any others who may claim on my behalf covenant not to sue, and hereby agree to save forever harmless and keep indemnified the Capital Regional District and its directors, officers, employees, volunteers, officials, agents and representatives from and against any and all claims, actions, costs, expenses and demands in respect of injury, death, loss or damage to the person or property of myself or any other person, however caused, arising out of or related in any way to my participation in Assisted Double Riding and use of the Panorama Waterslide in the capacity of a caregiver, including but not limited to injury, death, loss or damage caused by:

- Negligence;
- Breach of any statutory or other duty of care including any duty of care owed under the *Occupiers Liability Act*, and
- Failure to warn or to safeguard or protect me from the risks, dangers and hazards of Assisted Double Riding and use of the Panorama Waterslide in the capacity of a caregiver.

I declare that I have read, understood and agree to the contents of this RELEASE OF LIABILITY AND WAIVER OF CLAIMS in its entirety.

\_\_\_\_\_  
**NAME OF CAREGIVER (print)**

\_\_\_\_\_  
**SIGNATURE OF CAREGIVER**

\_\_\_\_\_  
**DATE**

### Freedom of Information and Protection of Privacy

Personal information contained on this form is collected under the authority of the Local Government Act and is subject to the Freedom of Information and Protection of Privacy Act. The personal information will be used for purposes associated with the Panorama's Waterslide.

Enquiries about the collection or use of information in this form can be directed to the Freedom of Information and Protection of Privacy Contact: Capital Regional District, Senior Coordinator, FOIPPA (250) 360-3000.