



PARENT/GUARDIAN PERMISSION FORM

I \_\_\_\_\_, the parent of \_\_\_\_\_ ("my child"), give permission for my child to reside at the Aloft Calgary University Hotel from the dates of \_\_\_\_\_.

I understand that personal injury can and may occur to my child, and I hereby authorize University of Calgary, or another appointed youth advisor, to seek and consent to emergency medical attention for my child as needed; and I further agree to be liable for and to pay all costs incurred in connection with such medical attention.

I hereby release The Aloft Calgary University Hotel, its employees, agents, and volunteers, from all liability, claims, demands, causes of action and possible causes of action whatsoever arising out of or related to any loss, damage, or injury (including death) that may be sustained by my child while staying in or traveling to and from this Hotel.

The following is all the insurance information, restrictions, allergy, and medication information necessary for my child to receive appropriate medical care.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I agree to accept full responsibility, financially or otherwise, for any damage my child may do to the property of The Aloft Calgary University Hotel, properties visited on outing, other's personal property, or vehicles used for transportation.

I agree and consent to all the above stated.

\_\_\_\_\_  
(Parent Signature) (Date)

\_\_\_\_\_  
(Emergency Contact Name and Phone Number)

I acknowledge that I have read and understood the implemented policies for my reservation and am aware that I must self-isolate in the hotel.

\_\_\_\_\_  
Guest Signature / Date

Sincerely,

Sara Bibi Colbourne  
Director of Sales