



Smiling Siblings Watercolour Workshops

Smiling Siblings is a program for childhood cancer patients and their siblings designed to bring this group of young people together in a social environment with others who are going through similar experiences within their family units.

Membership in the program is open to patients and/or siblings, ages 4 through 18 undergoing cancer treatment. Participants must adhere to the Rules and Policies. Please note that the policies and rules are designed to cover all the age groups and some items may not apply to your family – i.e. Policy # 6 will not apply if your child is 5 years old, but will apply if the sibling is 17 years old. Failure to comply with rules and policies will result in the sibling not being able to participate in the group.

Policies

1. Members must have parental consent to attend activities. Parents must sign a liability waiver.
2. Information sheets must be on file, and with up to date information.
3. Discriminatory and racist incidents or behaviour are not tolerated by participants, the facilitator or volunteers.
4. Our program will be sensitive to the needs of culturally and racially diverse groups.
5. Any comment, conduct, gesture or contact of a sexual nature that might reasonable be expected to cause offence, embarrassment or humiliation will be grounds for immediate expulsion from the group.
6. While participating in any aspect of 'Smiling Siblings' activities members and volunteers are prohibited from:
 - a) being under the influence of, using, possessing, selling or otherwise being involved with illegal drugs
 - b) abusing alcohol
 - c) abusive use of a controlled substance
 - d) engaging in criminal activity
7. Parents will sign-in/out participants each week.



8. Parents will provide the Facilitator with a telephone contact number for parents or guardians EACH month.
9. Parents are responsible for picking their children up on time at the end of each group.

Rules

Each participant is responsible for their own behaviour during the time of the group. Failure to comply with any of the set out rules will result in expulsion from the group.

- a) No person engaged in Smiling Sibling activity will use foul or offensive language.
- b) Participants must conduct themselves in an appropriate manner at all times.
- c) Participants must listen to Facilitator.
- d) Participants will not engage in any activity which would jeopardize the safety of other individuals participating
- e) Actions or activities deemed intolerable by other members will not be accepted. If a member is asked to stop engaging in such an activity or action they will be expected to comply immediately. Failure to comply will result in a warning. Three warnings will result in expulsion from the group.
- f) Any person caught stealing at any event or activity will be immediately expelled from the program.
- g) Participants will respect the property of others

The following pages need to be completed and returned to the Candlelighters office.
Thank you!



Smiling Siblings
Participant Information Sheet

Name: _____

Are you: On Treatment _____

 Off Treatment _____

 Sibling _____

Address:

Telephone Number:

**Emergency Contact
No.** _____

Email Address:

Date of Birth:

Age: _____

Allergies? Yes/No if Yes to what?



Statement of Understanding ~ Smiling Siblings

I have read and understand the above stated policies and rules and have reviewed them with my child/teen and we have agreed to comply with them. I understand failure to do so will result in my child/teen not being able to continue in the Smiling Siblings Program.

Signature

Date



**Release, Waiver & Indemnity Form
Smiling Siblings**

Release, Waiver & Indemnity

IN CONSIDERATION of the acceptance of my child's participation in the *Smiling Siblings* events herein referred to as "events", I for myself and my collective heirs, executors, administrators, successors and assigns, **HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE** Candlelighters Childhood Cancer Support Programs Inc., its collective agents, representatives, employees, and/or contractors, past, present and future and its respective agents, officials, servants, representatives, past, present, and future, its successors and affiliates **OF AND FROM ANY AND ALL** actions, claims and demands for damages, costs, expenses, compensation, remuneration, loss or injury, howsoever arising, in law or equity which heretofore may have been or may hereafter be sustained or arise by reason of participation in Smiling Siblings "events" whether as a spectator, participant, competitor or otherwise, whether prior to, during or subsequent to Smiling Siblings "events" **AND NOT WITHSTANDING** that same may have been contributed to or occasioned by the negligence, acts of omissions of any of the aforesaid.

I FURTHER HEREBY UNDERTAKE TO HOLD AND SAVE HARMLESS and AGREE TO INDEMNIFY all of the aforesaid from and against any and all liability incurred by any or all of them arising as a result of, or in any way connected with my child's participation in Smiling Siblings "events".

AND FOR THE SAID CONSIDERATION, I for myself, and my collective heirs, executors, administrators and assigns, hereby covenant and agree that I or they will **never** institute any suit or action at law against any of the aforesaid and their collective agents, employees or representatives, past, present and future, nor institute or in any way aid in the institution of any claim, demand, action, or cause of action for any matters arising out of or related to Smiling Siblings "events".

BY SUBMITTING THIS ENTRY, I ACKNOWLEDGE HAVING READ, UNDERSTOOD AND AGREED to the above RELEASE, WAIVER and IDEMNITY, I WARRANT that I am physically and emotionally fit to participate in these "events".

Dated at _____ **this** _____ **day of** _____ **201**_____.

Name of Participant

Name of Participant

**Signature of Participant's
Parent and/or Legal Guardian**

Signature of Witness