

The Working Mind for First Responders 2025 Facilitator Certification Training Participant Agreement

This agreement (this "**Agreement**") serves as a legally binding agreement between [INSERT PARTICIPANT FULL NAME] (the "**Participant**") and the Alberta Municipal Health and Safety Association ("**AMHSA**") regarding the Participant's attendance and participation in the 2025 Facilitator Certification Training course for the delivery of The Working Mind for First Responders program and Family Package sessions (collectively, the "**Training Program**").

AMHSA has been provided grant funding from the Government of Alberta under the Supporting Psychological Health in First Responders ("**SPHIFR**") Cycle 5 2024 / 2025 to provide limited opportunities for certain individuals in Alberta to attend the Training Program at no cost to the Participant (**subject to the terms and conditions of this Agreement, including full attendance and the completion of the Surveys**).

In consideration of AMHSA covering the cost of the Participant's participation and attendance in the Training Program, and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the Participant hereby agrees as follows:

Training Program Details

The Training Program is to be performed over five (5) consecutive days in a group of 8-12 other participants. Unless otherwise communicated by AMHSA, the Training Program will be provided to the Participant virtually over Zoom, Microsoft Teams or other video conferencing software of similar capability (the "**Virtual Platform**"). The Participant acknowledges that they are solely responsible for facilitating their own access to the Training Program through the Virtual Platform and that failure to do so **will not** relieve the Participant of their attendance commitment set out below.

Date of Application: [Insert Date(s)]

Requested Date(s) of Training: [Insert Date(s)]

Note: These dates are the ones that the Participant pre-selected from the schedule provided on the [ruralfirstresponder.ca](https://www.ruralfirstresponder.ca) website.

Participant Information

Name:	[participant full name]
Title:	[participant job title]
Email:	[participant email address]
Phone Number:	[participant phone number]

Organization Information (if applicable)

Sponsor Organization Name:	[organization name]
Sponsor Employee Name:	[manager or other with signing authority, if applicable]
Title:	[sponsor job title]
Phone Number:	[sponsor phone number]

Agreement Terms and Conditions – PLEASE READ CAREFULLY

Attendance and Participation in Training Program Subject to Application Process

The Participant acknowledges that registration for the Training Program and the execution of this Agreement is one of several steps in the application and selection process for participants to participate in and attend the Training Program. The Participant acknowledges that the Participant's execution of this Agreement does not guarantee the Participant a spot in the Training Program.

The Participant further acknowledges that the Training Program is being delivered by Opening Minds ("OM") and/or the Mental Health Commission of Canada ("MHCC") and that this Agreement is in addition to any forms or requirements from OM and/or MHCC to apply for and manage the Training Program.

AMHSA covering the cost of the Training Program

The cost of Participant's attendance at the Training Program is being paid for by AMHSA through grant funding received from the Government of Alberta. Attendance and participation in the Training Program is therefore provided at no cost to the Participant if selected to attend the Training Program, subject to the terms of this Agreement. However, the Participant will be responsible for any application fee and completion fee required by OM and/or the MHCC as part of their application and completion process.

Attendance Commitment

By signing this Agreement, the Participant agrees to attend the entire Training Program as scheduled. Participants may not miss more than a total of 30 minutes of the Training Program's live sessions. If the Participant misses more than 30 minutes of the Training Program's live sessions, at the discretion of OM, MHCC and/or AMHSA, the Participant may not be permitted to go back into the Training Program, the Participant may not receive a completion certificate, and at AMHSA's sole discretion, the Participant may be charged a Repayment Fee in accordance with the No-Show Policy set out below.

Cancellation Policy

The Participant acknowledges that cancellation of the Participant's attendance and participation in the Training Program must be communicated in writing to AMHSA and received by AMHSA not less than eight (8) calendar weeks before the Training Program start date (the "**Cancellation Policy**").

If the Participant cancels their spot in the Training Program in strict compliance with the Cancellation Policy, the Participant will not be subject to the No-Show Policy or charged a Repayment Fee.

Backup Participant

If Participant has missed the window to cancel its attendance in the Training Program in accordance with the Cancellation Policy, the Participant must provide a pre-authorized backup participant (a "**Backup Participant**") at least four (4) calendar weeks before the Training Program start date should the Participant become unable to attend the Training Program. Pre-authorization means that the Backup Participant has applied for and received confirmation from OM, MHCC and/or AMHSA that they are pre-authorized as a Backup Participant.

In the event that the Backup Participant attends the Training Program in place of the Participant, the Backup Participant is required to attend the entire Training Program in accordance with the attendance commitment set out above. For greater clarity, only the Participant OR the Backup Participant in place of the Participant may attend the Training Program. The Participant and the Backup Participant cannot partially attend the Training Program in any way or "share" the training.

Backup Participant Details:

Name:	[backup participant full name]
Title:	[backup participant job title]
Organization:	[backup participant organization, if applicable]
Email:	[backup participant email address]
Phone Number:	[backup participant phone number]

No-Show Policy

The Participant acknowledges that funding, and therefore space in the Training Program, is limited. If the Participant fails to attend the Training Program in accordance with this Agreement (specifically the attendance commitment set out above), the Participant fails to provide a pre-authorized Backup Participant (if necessary), or the Backup Participant fails to attend the Training Program in accordance with this Agreement, AMHSA, at its sole discretion, may demand full

repayment of the costs associated with the Participant's spot in the Training Program (a **"Repayment Demand"**), which amounts to CA\$3,000.00 (the **"Repayment Fee"**).

Upon receipt of a Repayment Demand, the Participant agrees to repay the Repayment Fee to AMHSA as directed by AMHSA within 30 calendar days of the scheduled completion of the Training Program.

(this section is collectively, the **"No-Show Policy"**)

Participant Surveys

As part of the agreement that governs AMHSA's receipt of grant funding from the Government of Alberta, AMHSA is required to provide a detailed analysis based on feedback from participants in the Training Program. To achieve this, participants are requested to complete both a pre-training survey and a post-training survey administered by the University of Calgary (collectively, the **"Surveys"**).

The Participant agrees that it will take all steps to promptly complete the Surveys when received by the Participant or within any timelines expressly given by AMHSA or the University of Calgary. The Participant acknowledges that completion of the Surveys as contemplated above is critical to the success of the AMHSA's grant program and that failure to complete the Surveys as contemplated above may result in the Participant not having access to future SPHIFR grant programs as administered by AMHSA.

Release of Liability

The Participant acknowledges and agrees that AMHSA, OM, MHCC, the Government of Alberta and the University of Calgary are not liable for any damage or loss of personal property, personal injury, illness, disability or death as it relates to the Participant's attendance and participation in the Training Program.

The Participant, on behalf of themselves, their heirs, next of kin, executors, administrators, representatives and assigns, hereby forever releases, discharges and waives any and all causes of action, manners of action, actions, proceedings, liabilities, demands and claims (collectively, **"Demands and Claims"**) of any kind or nature whatsoever against AMHSA, OM, MHCC, the Government of Alberta or the University of Calgary, directly or indirectly, based upon, arising out of or in any way related to the Participant's attendance and participation in the Training Program and any and all matters ancillary thereto, whether in contract, tort, equity or however caused, which the Participant may have or may have in the future, including, without limitation, any Demands and Claims for damage or loss of personal property, personal injury, illness, disability or death resulting from attendance and participation in the Training Program and/or negligence on the part of AMHSA, OM, MHCC, the Government of Alberta or the University of Calgary.

General

This Agreement shall serve to benefit and bind AMHSA and the Participant and their respective heirs, executors, administrators, successors, representatives, agents and assigns.

If any term or provision of this Agreement is held to be invalid, illegal or unenforceable, such invalidity, illegality or unenforceability shall not affect any other term or provision of this Agreement.

This Agreement shall be governed by and construed in accordance with the laws of the Province of Alberta and the federal laws of Canada applicable therein.

Acknowledgment and Signature

I, **[INSERT PARTICPANT FULL NAME]**, have carefully read and understood the terms and conditions of this Agreement as set out above and acknowledge that by signing this Agreement, I am agreeing to be legally bound by it.

Participant Signature: _____

Date: _____