

READ CAREFULLY

CHILD ACTIVITIES (under 19 years of age)

PARENT/GUARDIAN CONSENT, ACKNOWLEDGEMENT OF RISK, WAIVER, RELEASE & INDEMNITY

(Note: all references herein to the "Com Board of Parks and Recreation, any soc services at the Community Centre and a agents.)	iety or association involved in the operat	ion of and/or provision of programs of	
ACTIVITY:	DATE:	TIME:	
ACTIVITY DESCRIPTION:	MODE OF TRANSI	MODE OF TRANSPORTATION:	
□ See attached			
(Child's Name)	(Parent/Legal Guardian Na	me)	

NOTICE TO PARENT/GUARDIAN

It is a condition to the Child's participation in the Activity that you, the undersigned Parent/Guardian of the Child, must carefully read and understand this document and sign it to acknowledge that you have read and understand it and that you understand that the Child's participation in the activity will expose the Child to risks of harm and that you accept full responsibility for exposing the Child to such risks.

PARENT/GUARDIAN RESPONSIBILITY FOR CHILD

I, the undersigned Parent/Guardian of the Child, understand and accept that, in respect of the Child's participation in the Activity, it is my responsibility (1) to ensure that I consider and understand the risks, dangers, hazards and consequences of injury inherent in the Activity, (2) to determine, taking into consideration those risks and the Child's behavioural characteristics, physical health and abilities, whether the Child should be allowed to participate in the Activity, (3) to ensure that the Child is appropriately covered by medical insurance for any harm occurring in the Activity, and (4) to provide emergency medical information regarding the Child as required in this document.

AWARE OF RISKS

I AM AWARE OF AND NOW FREELY ACCEPT AND ASSUME FOR ME AND THE CHILD RESPONSIBILITY FOR ALL RISKS TO THE CHILD IN CONNECTION WITH HIS OR HER PARTICIPATION IN THE ACTIVITY, INCLUDING AS FOLLOWS: (1) the Child's participation in the Activity, even if the Child possesses behavioural characteristics, physical health and abilities appropriate for the Activity, poses risks of harm to the Child; (2) the nature of the Activity is such that the Community Centre cannot identify all risks associated with the Activity and cannot guarantee that Community Centre staff participating in the Activity will not make errors therein or that other children participating in the activities will not cause injuries therein others that staff can or might be able to prevent.

- I, THE UNDERSIGNED PARENT/GUARDIAN, AM THE PARENT AND/OR LEGAL GUARDIAN OF THE CHILD AND FOR THE CHILD I HEREBY CONSENT TO HIM OR HER PARTICIPATING IN THE ACTIVITY, AND, FOR MYSELF AND THE CHILD, IN RETURN FOR THE COMMUNITY CENTRE ALLOWING THE CHILD TO PARTICIPATE IN THE ACTIVITY:
- 1) I NOW WAIVE ALL LEGAL RIGHTS TO SUE AND ANY AND ALL CLAIMS which I or the Child or our respective successors and assigns may have against the Community Centre in connection with any loss, injury, damage or expense that I or the Child may suffer, incur or experience in connection with the Child's participation in the Activity; and

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- **2) I HEREBY RELEASE** the Community Centre from any and all liability for any complaints, demands, claims, actions, suits, judgments and orders for any and all losses, injuries, damage or expenses I or the Child may suffer, incur or experience in connection with the Child's participation in the Activity; and
- **3) FOR MYSELF, I AGREE TO INDEMNIFY** the Community Centre for and hold it harmless from any and all losses, injuries, damages and expenses of any kind that the Community Centre may suffer, incur or experience and for any and all complaints, demands, claims, actions, suits, judgments and orders for any and all losses, injuries, damages or expenses of any kind anyone else may suffer, incur or experience in connection with the Child's participation in the Activity.

EMERGENCY INFORMATION AND MEDICAL CONSENT

I hereby authorize the Community Centre, in the event of an apprehended emergency, to administer first aid to the Child and transport or arrange emergency transportation of the Child to a medical facility for medical treatment.

Child's Name	Child's date of birth:day/month/year
Child's BC Care Card Number:	
Emergency Contacts: Name & relationship to Child	Phone #s
Name & relationship to Child	
Medical or behavioural concerns staff should be awar	e of:
NOTE: Please include allergies, life threatening cond	

PICK-UP PERMISSION

I understand it is my responsibility to communicate to Community Centre staff any special instructions necessary in respect of the pick-up of the Child.

PERMISSION TO UTILIZE PHOTOS AND TESTIMONIALS: I hereby authorize the Community Centre to photograph and/or otherwise record images and/or sounds of or including the Child while he or she participates in the activities described above and to freely publish and otherwise make use of as it wishes, without compensation to the Child or anyone else, all such photographic images and other recordings of the Child for purposes of documenting and promoting Community Centre programs and services. Examples include: use in program brochures, on photo displays, and through Park Board social media such as web posting and video. I understand that names or any other information regarding the identification of the Child would require additional consent.

Yes		No.	
103	Initial		Initial

In signing this document and permitting the Child to participate in the Activity, I do not rely upon any oral or written statements, promises or other communications made by Community Centre other than as set out in this document. This document will be exclusively governed by and interpreted in accordance with the laws of British Columbia and no court outside of British Columbia will have any jurisdiction over this Consent, the activity, or any of the matters arising from them.

I HAVE READ AND I UNDERSTAND THIS DOCUMENT

PARENT/LEGAL GUARDIAN:	PARTICIPANT CHILD:
Signature:	Signature: (preferred)
Print Name:	Print Name:
Address:	Address:
Date:	Date:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone