



### INFORMED CONSENT

Must be completed by the Guardian for youth under 18 years of age signing up for courses/programs/activities at City of Cold Lake Facilities.

Thank you for choosing to use facilities, services or programs offered by the City of Cold Lake. The City of Cold Lake requires the parent or guardian of all participants who are under the age of 18 (eighteen) years to sign this Informed Consent to participation.

APPLICANT INFORMATION		
Participant Name		Application Date:
Address:		City: Province:
Postal Code:	Phone #:	Date of Birth:
E-mail:		
Emergency Contact:		Phone #:
Course/Program/Activity	Course Date	Location

### ASSUMPTION OF RISK

In consideration of the child in my care being permitted to participate in the Activity, I ACKNOWLEDGE and AGREE to the following:

I am aware that there are physical risks associated with the child in my care's participation in the Activity, which include but are not limited to collisions, slips, falls, accidents, illness, bodily contact, whether deliberate or accidental, and physical injury. I understand that the choice to participate in the Activity brings with it the assumption of those risks and I accept all responsibility for the child in my care's participation in the Activity, including the possibility of personal injury, death, property damage, or other loss resulting there from.

I understand and agree I am solely responsible for the child in my care's behavior and that the child in my care will obey all the rules and regulations pertaining to the Activity and all related activities. I understand that the rules and regulations are designed for the safety and protection of the participants and hereby undertake to ensure the participant abide by these rules and regulations.

I understand that certain activities require a minimum level of fitness and health and that each person has a different capacity for participating in these activities. I hereby warrant that the child in my care is physically fit to participate in the Activity.

I understand and agree that the City of Cold Lake, its elected officials, officers, agents, employees and representatives are not responsible for any injury, loss or damage of any kind sustained by the child in my care notwithstanding that the loss may have been contributed to or occasioned by the negligence of the City of Cold Lake, its elected officials, officers, agents, employees and representatives.

I acknowledge that I have had the opportunity to seek legal advice. If I choose to sign this Informed Consent without first seeking legal advice I am hereby choosing to waive the right to seek prior legal advice.

**MEDIA REEASE** occasionally, opportunities arise where images of yourself or the child in your care would be used in different media and other promotional publications. By signing this form you agree to the use of these images by the City of Cold Lake in the future media publications. If you do not wish your image or the image of the child in your care used please notify the staff prior to or during the program.

**I UNDERSTAND THAT BY SIGNING THIS AGREEMENT, I GIVE UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE THE CITY OF COLD LAKE FOR ANY LOSS OR INJURY I SUFFERED BY THE CHILD IN MY CARE FROM PARTICIPATING IN THE ACTIVITY. MY SIGNATURE ALSO CONFIRMS THAT TO THE BEST OF MY KNOWLEDGE, I HAVE THE AUTHORITY AND LEGAL RESPONSIBILITY FOR THE PARTICIPANT.**

Signed and dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Printed Name of Parent or Guardian

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Printed Name of Witness