



INFORMED CONSENT

Complete if under 18 (eighteen) years of age

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 prior to participation.

Name of Participant: _____ Birth Date: _____

Address: _____

Phone #: _____ Alternate #: _____

Email Address: _____

Please check If you would like to be added to our email contact list

Emergency Contact: _____ Phone #: _____

Course/Program/Activity	Course Date	Location

ASSUMPTION OF RISK

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

I am aware that there are physical risks associated with my child'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 my child'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 my child's behavior and that my child 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 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 my child 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 my child 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 sufficient time to read and understand this Informed Consent before signing it and I understand, appreciate and accept the risks associated with the Activity and consent to my child's participation in the Activity and all related activities.

MEDIA RELEASE Occasionally, opportunities arise where images of yourself or your children would be used in different media and in other promotional publications. By signing this form you agree to the use of these images by the City of Cold Lake in future media publications. If you do not wish your image 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 SUFFERED BY MY CHILD FROM PARTICIPATING IN THE ACTIVITY.

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

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