

Town of Cardston Parks & Recreation Department INFORMED CONSENT (Minor)

**PLEASE READ THIS CAREFULLY. BY SIGNING THIS LEGAL DOCUMENT,
YOU GIVE UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.**

Dear Parent or Guardian:

Thank you for choosing to use facilities, services or programs offered by the Town of Cardston. The Town of Cardston requires the parent or guardian of all participants who are under the age of 18 years to sign this Informed Consent prior to participation.

Name of Participant: _____

Address of Participant: _____

Birth Date: _____ Phone No. _____

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 therefrom.

I understand and agree I am solely responsible for my child's behaviour 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 (physical, mental, and emotional) 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 hereby release the Town of Cardston, its elected officials, agents, directors, officers, employees and volunteers from all responsibility for any death, injury, loss or damage of any kind sustained by my child while participating in the Activity, unless such death, injury, loss or damage is caused by the gross negligence of the Town of Cardston, its elected officials, agents, directors, officers, employees or volunteers.

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.

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

Circle the Participant's residence

Town M.D. Reserve

U.S.A. Other _____