



# Parks, Recreation & Culture City of Revelstoke Youth Programs

## ACKNOWLEDGEMENT OF RISK, WAIVER AND RELEASE OF LIABILITY (GENERAL CHILD PROGRAMS/SERVICES) – PARKS, RECREATION & CULTURE CITY OF REVELSTOKE

Child's Name: \_\_\_\_\_  
(The "Child")

Male:  Female:

Child's Age: \_\_\_\_\_

Registration Date(s): \_\_\_\_\_  
(List all applicable)

Phone: \_\_\_\_\_

### PLEASE READ CAREFULLY AND SIGN BELOW

#### Participation Agreement, Release, and Acknowledgment of Risk

On behalf of my child:

I hereby certify that I am the adult parent or guardian of \_\_\_\_\_, a minor child under the age of eighteen years. I consent to his/her participation in recreational activities/programs/events at the Revelstoke Community Centre located at 600 Campbell Ave, operated and maintained by the City of Revelstoke. I am not aware of any health or medical conditions the Child may have that would suggest to me that the Child should not be a participant in the Activities operated or provided by the Parks, Recreation & Culture Department. I have not been advised that the Child should not participate by a qualified health care provider, or otherwise.

I expressly agree and promise to accept and assume all of the risks existing in these activities. Participation in these activities is voluntary. I elect to have my child participate with full understanding of the risks. I certify that my child has no medical or physical conditions which could interfere with their safety in these activities, or else I am willing to assume - and bear the costs of - all risks that may be created either directly or indirectly through participation in these activities. I understand that care and attention will be given to the safety of all participants but that City of Revelstoke cannot be held liable for any injury or loss. I have had sufficient opportunity to read this entire document. By signing below I acknowledge that I have read, understood and accept the above waiver of liability. I agree to indemnify and hold harmless the City of Revelstoke from any and all Claims which are brought by, or on behalf of my child which are in any way connected with such use or participation.

I represent and warrant that I am the parent, natural guardian and/or legal guardian of the Child, who is a minor, and who is also seeking permission to participate in the Activities at my request and, in such capacity, on my behalf and on the behalf of the minor participant, the Child, I irrevocably agree to the terms and conditions set out above.

I, the undersigned parent/guardian, give permission for my child \_\_\_\_\_ (please print child's name) to participate in the City of Revelstoke Programs & Services.

Signature of Parent/Guardian: \_\_\_\_\_

Signature of City Representative: \_\_\_\_\_

Date: \_\_\_\_\_



# PARENTAL CONSENT FORM

## Emergency Information and Medical Consent

Programs Enrolled: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's BC Care Card # \_\_\_\_\_ Child's Doctor: \_\_\_\_\_

Child's Mailing address: \_\_\_\_\_ City: \_\_\_\_\_

Civic Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

I grant permission that PRC staff may authorize necessary medical treatment, in an emergency, by a licensed physician, for my child without personal liability, if I am unable to be contacted in a timely manner. This authorization shall be valid for the full duration of the students enrollment in PRC programs.

YES  NO

Please provide Parent/ Guardian initials:

Other notes we should be aware of. (i.e. allergies, medical conditions etc.)

Please indicate your child's swimming ability: Strong Swimmer  Weak/Non-swimmer   
(deep water/deep pool) (shallow only/small pool)

### PICK UP PERMISSION:

I understand that it is my responsibility to pick up or make suitable arrangements for the pick up of the child, immediately on completion of the Activity, and to communicate clearly and effectively to community centre staff, prior to commencement of the Activity, and any special instructions regarding the pick up of the Child on completion of the activity. Emergency and alternate contacts will be on the pick up list for the child.

My child is allowed to sign himself/herself out at the end of the day: YES  NO

**I have read this Consent Form and understand and accept its terms.**

\_\_\_\_\_  
Parent's / Guardian Signature

\_\_\_\_\_  
Parent's / Guardian Name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone/Cell

### Emergency Contact Information:

### Alternate contact:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Telephone/Cell

\_\_\_\_\_  
Telephone/Cell

Reviewed for completeness by staff - initials