



penticton.ca/recreation

Child Informed Consent Form

Dear Parent/Guardian of Registrant:	
Thank you for choosing to use the facilities, services or programs of Department. We request your understanding and cooperation in signing the following INFORMED CONSENT.	
I,, declare that my child all of the activities, facilities, programs and services offered by the and PacificSport and I understand that each person, (my child inclactivities, facilities, programs, and services. I am aware that all act recreational, or self-directed in nature. I assume full responsibility the choices available to him/her relative to the risks to be undertained.	luded), have different capacities for participating in such ivities, services and programs offered are educational, before, during and after participation to instruct my child on
I understand that part of the risk involved in undertaking any active (physical, mental, or emotional) and the awareness, care and skill program. I acknowledge that my child's choice to participate in a Recreation and Culture Department and PacificSport bring with it this/these choice(s) and the fitness, health, awareness, care and skill that I am free to withdraw my child from, reduce or modify involve upon recognition of any signs of transient lightheadedness, fainti	with which my child conducts themselves in that activity or ny activity, service and program of the City of Penticton Parks, the assumption by me of those risks or results stemming from kill that my child possesses and uses. In addition, I understand ement in any program activity and I realize that I should do so
I further understand that the activities, programs and services offer Department and PacificSport are sometimes conducted by person or professionals. I accept the fact that the skills and competencies their training and experience and that no claim is made to offer as condition by those who are not duly licensed, certified or registers.	nnel who may not be licensed, certified, or registered instructors s of some employees and/or volunteers will vary according to ssessment or treatment of any medical or physical disease or
In addition, I acknowledge that I have inquired about the nature of familiar with and I have been informed or any inherent risks.	of any activity, program or services that I am not completely
For the safety of your child(ren), staff are no longer permitted to repre-authorized by you to take your child(ren) at the end of the day father, auntwho may be picking up your child. If someone is picking up your child the person is allowed.	y. Please inform staff of ALL people, including yourself, mother, cking up your childwho has not been pre-authorized, it is
I declare that I have read, understood and agree to the contents of	of this INFORMED CONSENT AGREEMENT in its entirety.
Parent/Guardian (signature)	Date
Program Name(s):	Program Number(s):
I have submitted or updated a complete Child Medical Informatio	on Form (initials)

See Over >>>





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Photo/Video Release

I hereby grant the City of Penticton permission to use my likeness in photograph(s)/video in any and all of its publications and in any and all other media, whether now known or hereafter existing, controlled by the City of Penticton, in perpetuity, and for other use by the City. I acknowledge the City's right to crop or treat the photograph at its discretion. I also acknowledge that the City may choose not to use the photo at this time, but may do so at its own discretion at a later date.

I also understand that once the image is posted on the City of Penticton website, the image can be downloaded by any computer user. Therefore, I agree to indemnify and hold harmless from any claims the City of Penticton.

I will make no monetary or other claim against the City of Penticton for the use of the photograph(s)/video.

Name of Person(s) in Photo (please print):		
Name of Person(s) in Photo (please print).		
Phone		
I am 19 years of age and am competent to contract in my below and I fully understand the contents, meaning and		ing
Signature	Date	
OR if the photo is of a Minor (under the age of 19), there	e must be consent by a parent or guardian as fo	llows
I hereby certify that I am the parent or guardian of and do hereby give my consent without reservation to the		bove,
Signature	Date	
Parent/guardian printed name:		
Phone:		