

READ CAREFULLY

ACKNOWLEDGEMENT OF RISK, WAIVER, RELEASE & INDEMNITY Adults, 19+ years

Please complete form, sign and submit the original copy to Community Centre staff

Community Centre: Renfrew Park Community Centre

Note: All references herein to the "Community Centre" include the Community Centre, the City of Vancouver and its Board of Parks and Recreation, any society or association involved in the operation of and/or provision of programs or services at the Community Centre and all of their respective officials, directors, officers, employees, volunteers and agents.

Activity Description: See attached AWARENESS OF RISKS I AM AWARE THAT THERE ARE RISKS OF HARM IN MY PARTICIPATION IN THE ACTIVITY, INCLUDING, WITHOUT LIMITATION, RISKS OF PHYSICAL HARM AND: 1) I am aware and acknowledge that the activity by its nature is such that the Community Centre cannot identify all possible risks associated with it; and 2) cannot guarantee or provide any assurance that Community Centre personnel involved in the activity will not make errors that might create risks of harm to me therein; or 3) cannot guarantee that Community Centre personnel will be able to protect me from risks associated with the activity, including, without limitation, risks created by others participating in the activity; and 1 INOW FREELY ACCEPT AND ASSUME FULL RESPONSIBILITY FOR ALL RISKS TO ME IN CONNECTION WITH MY PARTICIPATION IN THE ACTIVITY. IN RETURN FOR THE COMMUNITY CENTRE ALLOWING ME TO PARTICIPATE IN THE ACTIVITY: 1) I NOW WAIVE ALL LEGAL RIGHTS TO SUE AND ANY AND ALL CLAIMS I and my successors and assigns may have against the Community Centre in connection with any post; njury, damage or expense of any kind that I may in any way suffer, incur or experience as a result of or in connection with my participation in the Activity; and 2) I HEREBY RELEASE the Community Centre from any and all liability for any complaints, demands, claims, actions, suits, judgements and orders for any and all losses, injuries, damage or expenses I may suffer, incur or experience in connection with my participation in the Activity; and 3) I AGREE TO INDEMNIFY the Community Centre for and hold it harmless from any and all losses, injuries, damages and expenses of any kind that the Community Centre may suffer, incur or experience and for any and all complaints, demands, claims, actions, suits, judgements and orders for any and all losses, injuries, damages or expenses of any kind anyone else may suffer, incur or experience in connection with my participation in the Activity. EMERGENCY CONTACT: Name: Relation to participant: P								
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PERMISSION TO UTILIZE PHOTOS AND OTHER RECORDINGS: I hereby authorize the Community Centre to photograph and/or otherwise record images and/or sounds of me participating in the Activity described above and to freely publish and otherwise make use of as it wishes, without compensation of any kind to me or anyone else, of all such recordings for purposes of documenting and/or promoting Community Centre programs and services. Examples include: use in program brochures, photo displays, and Park Board social media such as web posting and video. YES NO								
In signing this document, I do not rely upon any oral or written statements, promises or other communications made by the Community Centre other than as set out in this document. This document will be exclusively governed by and interpreted in accordance with the laws of British Columbia and no court outside British Columbia will have any jurisdiction over this Consent, the Activity, or any of the matters arising from them. I HAVE READ AND I ACCEPT THIS DOCUMENT.								
Signature: Print Name:								
Address: City: Postal Code:								
Home Phone: Cell Phone: Date:								
Email: Reviewed for Completeness by Staff - Initials: Adult Program Waiver - October 2013								



Renfrew Park Community Centre

2929 East 22nd Avenue, Vancouver, B.C., V5M 2Y3 Centre 604-257-8388 Fax: 604-257-8392



April 2018 - June 2018

First N	lame:	Last Name:	_ Male		Female		
Home Phone: Alternate Phone:							
BASIC MEDICAL INFORMATION (Information Confidential)							
Doctor's Name: Phone #:							
Have	you had a ⁻	Tetanus Inoculation or Booster in the last 10 years?	Yes		No		
Have you been under a Doctor's care or admitted to the hospital in the last 12 months? Yes					No		
Out	Trips:			Initi	ial Required		
Thu	Apr-12	Circle Farm Tour					
Mon	May-28	Royal BC Museum Egypt: The Time of Pharaohs					
Wed	Jun-20	Pender Harbour Cruise					
Walking Club: (10:00am-1:30pm)				Initi	ial Required		
Mon	Apr-09	Fraser River Walk from Victoria Dr to BBY					
Mon	Apr-16	Bowen Island					
Mon	Apr-23	Cates Park/Deep Cove N. Van					
Mon	Apr-30	Lynn Valley N. Van					
Mon	May-07	Chancellor Woods UBC					
Mon	May-14	Bridgeman Park N. Van					
Mon	May-21	No Walk - Victoria Day					
Mon	May-28	Hoy Creek Coquitlam					
Mon	Jun-04	Lighthouse Park West Van					
Mon	Jun-11	Burnett River from Braid Stn BBY					
Mon	Jun-18	Pacific Spirit Park UBC					
Mon Lur	Jun-25 Iderstan	Burns Bog Delta d alternate activities may occur due to scheduling changes.		Pleas	e Initial		