



Renfrew Park Community Centre

2929 East 22nd Avenue, Vancouver, BC V5M 2Y3

Phone 604 257-8388, ext. 3 Fax 604 257-8392

www.renfrewcc@vancouver.ca

2020 Spring Break Day Camp Activity Consent Form

Child's First and Last Name: _____ Male Female

Main Phone: _____ Alt Phone: _____

Swimming Ability: Good Poor None Level: _____

My Son/daughter can return home by himself/herself: Yes No Complete below.

Person/s responsible for picking up participant:

Please List: _____

 Intials I understand there will be alternate activities that may occur due to rainy days or other necessary scheduling changes and that the children will sometimes be going out on the playgrounds.

 Intials Late Pick ups: \$25/10 minutes will apply per occurrence. Please ensure prompt pick up of your child/ren.

By signing this form I agree that my child may attend the out trips initialed below.

Signature of Parent/Guardian: _____ Date: _____

Parent/Guardian: Please initial beside each week your child is registered in.

(PT) Public Transportation (W) Walking (CB) Chartered Bus

Week 1 (March 16-20)			Week 2 (March 23-27)		
Scheduled Out Trips		Initial	Scheduled Out Trips		Initial
Tue Mar 17	Movie @ Metropolis (PT)		Tue Mar 24	Vancouver Aquarium (PT)	
Thu Mar 19	Science World (PT)		Thu Mar 26	Rev's Bowling (PT)	



READ CAREFULLY

CHILD ACTIVITIES (refers to under 19 years of age)

**PARENT/GUARDIAN CONSENT,
ACKNOWLEDGEMENT OF RISK,
WAIVER, RELEASE & INDEMNITY**

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

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. Anyone under 19 years of age - infant, child or youth - is defined as a "Child" in legal terms.

Activity Name: Date: Time:

Activity Description:
 See attached

Mode of Transportation:

Child's Name: Parent/Legal Guardian Name:

NOTICE TO PARENT/GUARDIAN

It is a condition to the Child's participation in the Activity that you, the undersigned Parent/Guardian of the Child, must carefully read and understand this document and sign it to acknowledge that you have read and understand it and that you understand that the Child's participation in the activity will expose the Child to risks of harm and that you accept full responsibility for exposing the Child to such risks.

PARENT/GUARDIAN RESPONSIBILITY FOR CHILD

I, the undersigned Parent/Guardian of the Child, understand and accept that, with respect to the Child's participation in the Activity, it is my responsibility (1) to ensure that I consider and understand the risks, dangers, hazards and consequences of injury inherent in the Activity, (2) to determine, taking into consideration those risks and the Child's behavioural characteristics, physical health and abilities, whether the Child should be allowed to participate in the Activity, (3) to ensure that the Child is appropriately covered by medical insurance for any harm occurring in the Activity, and (4) to provide emergency medical information regarding the Child as required in this document.

AWARE OF RISKS

I AM AWARE OF, AND NOW FREELY ACCEPT AND ASSUME RESPONSIBILITY FOR, ALL RISKS TO THE CHILD IN CONNECTION WITH THEIR PARTICIPATION IN THE ACTIVITY, INCLUDING AS FOLLOWS:

- (1) the Child's participation in the Activity, even if the Child possesses behavioural characteristics, physical health and abilities appropriate for the Activity, poses risks of harm to the Child;
- (2) the nature of the Activity is such that the Community Centre cannot identify all risks associated with the Activity and cannot guarantee that Community Centre staff participating in the Activity will not make errors therein or that other children participating in the activities will not cause injuries therein others that staff can or might be able to prevent.

I, THE UNDERSIGNED PARENT/GUARDIAN, AM THE PARENT AND/OR LEGAL GUARDIAN OF THE CHILD AND I HEREBY CONSENT TO THEIR PARTICIPATION IN THE ACTIVITY, AND, IN RETURN FOR THE COMMUNITY CENTRE ALLOWING THE CHILD TO PARTICIPATE IN THE ACTIVITY:

- 1) I NOW WAIVE ALL LEGAL RIGHTS TO SUE AND ANY AND ALL CLAIMS** which I and/or my successors and assigns may have against the Community Centre in connection with any loss, injury, damage or expense that I may suffer, incur or experience in connection with the Child's 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, or with respect to, any and all losses, injuries, damage or expenses I may suffer, incur, or experience in connection with the Child's 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, judgments and orders against it with respect to any and all losses, injuries, damages or expenses of any kind anyone else may suffer, incur or experience to the extent they or any of them may arise from, or in connection with my conduct or the Child's conduct in, or with respect to their participation in the Activity.

EMERGENCY INFORMATION AND MEDICAL CONSENT

I hereby authorize the Community Centre, in the event of an apprehended emergency, to administer first aid to the Child and transport or arrange emergency transportation of the Child to a medical facility for medical treatment.

Child's Name: Child's Date of Birth: (mm/dd/yyyy)

List any medical or behavioural concerns staff should be aware of. Please include allergies, life threatening conditions, disabilities, or if extra assistance is required. This information helps staff determine if we can reasonably accommodate your child.

Emergency Contacts:

Name: Relation to Child: Phone: Phone:

Name: Relation to Child: Phone: Phone:

PICK-UP PERMISSION :

I understand that it is my responsibility to pick-up or to 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, any special instructions regarding the pick-up of the Child on completion of the Activity.

PERMISSION TO UTILIZE PHOTOS AND TESTIMONIALS:

I hereby authorize the Community Centre to photograph and/or otherwise record images and/or sounds of or including the Child while participating in the activities described above and to freely publish and otherwise make use of as it wishes, without compensation to the Child or anyone else, all such photographic images and other recordings of the Child for purposes of documenting and promoting Community Centre programs and services. Examples include: use in program brochures, on photo displays, and through Park Board social media such as web posting and video. I understand that names or any other information regarding the identification of the Child would require additional consent.

YES NO

In signing this document and permitting the Child to participate in the Activity, I do not rely upon any oral or written statements, promises or other communications made by the Community Centre other than that 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 UNDERSTAND THIS DOCUMENT

PARENT/LEGAL GUARDIAN	PARTICIPANT CHILD/YOUTH
Signature: <input type="text"/>	Print Name: <input type="text"/>
Print Name: <input type="text"/>	Address: <input type="text"/>
Address: <input type="text"/>	City: <input type="text"/> Postal Code: <input type="text"/>
City: <input type="text"/> Postal Code: <input type="text"/>	Home Phone: <input type="text"/> Cell Phone: <input type="text"/>
Home Phone: <input type="text"/> Work Phone: <input type="text"/>	Date: <input type="text"/>
Cell Phone: <input type="text"/> Date: <input type="text"/>	Reviewed for Completeness by Staff - Initials: <input type="text"/>
Email: <input type="text"/>	