

**Must be completed by the Guardian for youth under 18 years of age signing up for courses, programs, or activities ('Programs') at City of Cold Lake Facilities.**

SECTION 1: YOUTH INFORMATION			
Name ( <i>first and last</i> ):		Date of Birth:	
Phone No.:		Email Address:	
Address:	City/Province:	Postal Code:	
Emergency Contact:		Phone No.:	
SECTION 2: PROGRAM INFORMATION			
Program Name:			
Program Date / Time:			
Program Location:			
SECTION 3: ASSUMPTION OF RISK AND MEDIA RELEASE			
<p>In consideration of the child in my care being permitted to participate in the Activity, <b>I ACKNOWLEDGE and AGREE</b> that:</p> <ol style="list-style-type: none"> <li>1. I am aware that there are physical risks associated with the child in my care'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 the child in my care's participation in the Activity, including the possibility of personal injury, death, property damage, or other loss resulting there from.</li> <li>2. I understand and agree I am solely responsible for the child in my care's behavior and that the child in my care 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 ensure the participant abide by these rules and regulations.</li> <li>3. I understand that certain activities require a minimum level of fitness and health and that each person has a different capacity for participating in these activities. I hereby warrant that the child in my care is physically fit to participate in the Activity.</li> <li>4. I understand and agree that the City of Cold Lake, its elected officials, officers, agents, employees and representatives are not responsible for any injury, loss or damage of any kind sustained by the child in my care notwithstanding that the loss may have been contributed to or occasioned by the negligence of the City of Cold Lake, its elected officials, officers, agents, employees and representatives.</li> <li>5. I acknowledge that I have had the opportunity to seek legal advice. If I choose to sign this Informed Consent without first seeking legal advice I am hereby choosing to waive the right to seek prior legal advice.</li> <li>6. Occasionally, opportunities arise where images of myself or the child in my care would be used in different media and other promotional publications. By signing this form, I agree to the use of these images by the City of Cold Lake in the future media publications. If I do not wish my image or the image of the child in my care to be used I will notify the staff prior to or during the program.</li> </ol> <p>I understand that by signing this agreement, I give up certain legal rights, including the right to sue the City of Cold Lake for any loss or injury I suffered by the child in my care from participating in the activity. My signature also confirms that to the best of my knowledge, I have the authority and legal responsibility for the participant.</p> <p>Signed and dated this _____ day of _____, 20____.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p>_____</p> <p>Witness Signature</p> <p>_____</p> <p>Print Name:</p> </div> <div style="width: 45%;"> <p>_____</p> <p>Parent/Guardian Signature</p> <p>_____</p> <p>Print Name:</p> </div> </div>			

OFFICE USE ONLY		
Received By:	Date:	<input type="checkbox"/> Verified Age for Wellness Centre

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Information on this form is collected for the sole use of the City of Cold Lake and is protected under the authority of the *Freedom of Information and Protection of Privacy Act*, Sec. 33 (c), which regulates the collection, use, and disclosure of personal information. If you have any questions or concerns, please contact the FOIP Coordinator by email ([legislative@coldlake.com](mailto:legislative@coldlake.com)) or phone (780) 594-4494 ext. 7915.