



# Transportation Waiver 2011

## INFORMED CONSENT AGREEMENT- 2011

YOUTH SERVICES-YOUTH OUTREACH INITIATIVE PROGRAM  
(DISTRICT OF MAPLE RIDGE)

Between the Locations of \_\_\_\_\_

I/We understand and acknowledge that certain RISKS OF INJURY are inherent with TRANSPORTATION via a motor vehicle that are beyond our control and ASSUME THESE RISKS if they occur.

I/WE understand that **RULES AND REGULATIONS** are designed for the safety and protection of participants and hereby undertake to abide by these rules and regulations as listed and or as dictated by Parks and Leisure Services staff.

**RULES AND REGULATIONS:**

1. APPROPRIATE PERSONAL SAFETY EQUIPMENT MUST BE WORN, IF REQUIRED FOR AN ACTIVITY.
  2. ALL RULES AND GUIDELINES OF THE HOSTING ORGANIZATIONS (OUT-TRIP) MUST BE FOLLOWED BY ALL PARTICIPANTS.
  3. SMOKING IS NOT PERMITTED.
  4. NO UNSAFE OR RECKLESS BEHAVIOR ALLOWED.
  5. ANY ILLEGAL ACTIVITY(IES) WILL NOT BE TOLERATED AND IF THEY ARE FOUND TO OCCUR, THE ACTIVITY WILL BE TERMINATED IMMEDIATELY.
- \*Please note that any expenses incurred due to illegal activities will be assumed by the participant(s) involved in the illegal activity.
6. ALL OF OUR ACTIVITIES ARE ALCOHOL AND DRUG FREE.
  7. PARTICIPANTS WILL OBEY THE INSTRUCTIONS OF THE PARKS AND LEISURE SERVICES STAFF.

I/WE, the UNDERSIGNED, hereby acknowledge that certain risks of injury are inherent to participation in sports and recreational activities. These types of injuries may be minor and may result from one's actions, or the actions or inaction's of others, or a combination of both.

I/We understand that certain activities require a minimum LEVEL OF FITNESS AND HEALTH (physical, mental and emotional) and that each person has a different capacity for participating in these activities.

I/We hereby WARRANT being physically fit to participate and understand that the CHOICE to participate brings with it the ASSUMPTION OF THOSE RISKS AND RESULTS which are part of these activities.

I/we the undersigned parent, guardian, do hereby agree to allow individual(s) named herein **to be photographed / videotaped** and to be used solely for the purposes of the Youth Outreach Initiative program, and Maple Ridge & Pitt Meadows Parks and Leisure Services.

I/WE agree THE RIDGE MEADOWS PARKS AND LEISURE SERVICES, or its employees, servants or agents shall not be liable for any injury to my person or loss or damage to my personal property arising from, or in any way resulting from, my participation in these activities, UNLESS such injury, loss or damage is caused by SOLE NEGLIGENCE OF THE RIDGE MEADOWS PARKS AND LEISURE SERVICES, its employees, servants or agents while acting within the scope of their duties.

I/WE declare having read and understood the above INFORMED CONSENT AGREEMENT in its entirety and hereby consent to participate acknowledging all of the foregoing.

SIGNATURE OF LEGAL  
PARENT OR GUARDIAN \_\_\_\_\_

PRINT NAME \_\_\_\_\_

SIGNATURE OF  
PARTICIPANT \_\_\_\_\_

PRINT NAME \_\_\_\_\_

PARTICIPANT BIRTHDATE \_\_\_\_\_

PARTICIPANT AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

POSTAL CODE \_\_\_\_\_

DATE \_\_\_\_\_

PARENT EMAIL \_\_\_\_\_

YOUTH EMAIL \_\_\_\_\_