



ACTIVITY WAIVER 2022

PARTICIPANTS 0 – 18 YEARS OF AGE

INFORMED CONSENT AGREEMENT CITY OF MAPLE RIDGE – Children’s Recreation Programs

We, the undersigned hereby acknowledge that certain risks of injury are inherent to participation in children’s registered/drop-in programs, camps and recreational activities. These types of injuries may be minor or serious and may result from one’s actions, or the actions or inactions of others, or a combination of both.

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, Recreation and Culture staff.

RULES AND REGULATIONS:

1. Shoes must be worn at all times while in programs and camps.
2. Parents must stay and recreate with their child(ren) if the program requires Parent Participation.
3. Participants and parents will abide by the instructions of the Parks, Recreation and Culture staff.
4. All of our programs are peanut/tree nut free.

I/we understand 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 agree THE CITY OF MAPLE RIDGE 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 City of Maple Ridge, its employees, servants or agents while acting within the scope of their duties.

I/we the undersigned parent, guardian, do hereby agree to allow individual named herein to be photographed/videotaped and to be used solely for the purposes of Maple Ridge Parks, Recreation and Culture.

I/we declare having read and understand the above informed consent agreement in its entirety and hereby consent to participate acknowledging all of the foregoing.

PROGRAM NAME: _____ PROGRAM DATE: _____

PARTICIPANT NAME (FIRST AND LAST): _____ PHONE NUMBER: _____

PARTICIPANT AGE: _____ PARTICIPANT BIRTHDATE (MM/DD/YEAR): _____

SIGNATURE OF LEGAL PARENT OR GUARDIAN: _____

PRINT NAME: _____ DATE SIGNED (MM/DD/YEAR): _____