

**INFORMED CONSENT AGREEMENT****Participants 0-18 Years of Age**

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 must abide by the instructions of the Parks, Recreation and Culture staff.
4. All our programs are free from nicotine, alcohol & other drugs.

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 understood the above informed consent agreement in its entirety and hereby consent to participate acknowledging all the foregoing.

Program: \_\_\_\_\_

Participant Name (First & Last): \_\_\_\_\_

Participant Birthdate: \_\_\_\_\_

Participant Age: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

The personal information on this form is collected in accordance with the Freedom of Information and Protection of Privacy Act.

If you have any questions about the collection, use or disclosure of this information, please contact the Manager of Legislative Services, at 604-463-5221 or [foi@mapleridge.ca](mailto:foi@mapleridge.ca).