



FALSE CREEK COMMUNITY CENTRE

1318 Cartwright St. Vancouver BC, V6H 3R8 Phone: 604-257-8195

PARENT CONSENT FORM

Girlz Night Out –

- Set 1 – Thursday, Oct 1 to Nov 5, 2009 - 6:00pm to 8:00pm
- Set 2 – Thursday, Nov 12 to Dec 17, 2009 - 6:00pm to 8:00pm

NAME: _____ BIRTH DATE: (D/M/Y) _____

ADDRESS: _____ SCHOOL: _____

PARENT/GUARDIAN'S NAME: _____

TELEPHONE: HOME: _____ WORK: _____

EMERGENCY CONTACT: NAME: _____ PHONE: _____

RELATIONSHIP TO YOUTH: _____

MEDICAL #: _____ DOCTOR: _____

PHONE: _____

I hereby authorize my son/daughter _____ to participate in the above activity sponsored by the False Creek Community Centre.

INDEMNITY AND RELEASE OF LIABILITY

I RECOGNIZE AND ACKNOWLEDGE that there are inherent risks and hazards involved in participating in activities associated with False Creek Community Centre. I agree to assume all such risks and hazards, and I further agree to bear all costs of rescue and medical attention rendered to my child, or for his/her benefit, arising from the activities. I agree that my son/daughter will follow all reasonable instructions and directions of the leaders and instructors dully appointed by False Creek Community Centre in connection with the operation of its' programs.

I HEREBY REMISE, RELEASE AND FOREVER DISCHARGE The City of Vancouver, The Vancouver Board of Parks & Recreation, False Creek Community Centre, its employees or agents, of and from all manner of actions, causes of actions, claims and demands of whatsoever nature which my child may have in respect of any injury, loss or expense he/she may sustain arising out of or in any way connect with his/her participation in this program.

I HAVE READ THIS INDEMNITY AND RELEASE OF LIABILITY AND THE ACCOMPANYING TRIP INFORMATION SHEET AND ACCEPT ITS TERMS.

Signature of Participant

Date

Signature of Parent/Guardian

Date