



READ CAREFULLY

CHILD ACTIVITIES (refers to under 19 years of age)

Please complete form, sign and submit the original copy to Community Centre staff

PARENT/GUARDIAN CONSENT, ACKNOWLEDGEMENT OF RISK, WAIVER, RELEASE & INDEMNITY

Community Centre: Killarney Community Centre

Note: All references herein to the "Community Centre" include the Community Centre, the City of Vancouver and its Board of Parks and Recreation, any society or association involved in the operation of and/or provision of programs or services at the Community Centre and all of their respective officials, directors, officers, employees, volunteers and agents. Anyone under 19 years of age - infant, child or youth - is defined as child in legal terms.

Activity Name: Youth Summer Leadership Camp (12-14 yrs) Date: Summer 2015 Time: 10am-3:30pm

Activity Description: The Youth Summer Leadership Camp is led by qualified, experienced and enthusiastic staff. Our program combines exciting out-trips to many of the Lower Mainland's best parks, beaches and attractions, with leadership themed activities such as team and leadership building, volunteering, guest speakers, and themed workshops. Please see attached Activity Consent Form for weekly activity schedule. [X] See attached

Mode of Transportation: See attached

Child's Name: Parent/Legal Guardian Name:

NOTICE TO PARENT/GUARDIAN

It is a condition to the Child's participation in the Activity that you, the undersigned Parent/Guardian of the Child, must carefully read and understand this document and sign it to acknowledge that you have read and understand it and that you understand that the Child's participation in the activity will expose the Child to risks of harm and that you accept full responsibility for exposing the Child to such risks.

PARENT/GUARDIAN RESPONSIBILITY FOR CHILD

I, the undersigned Parent/Guardian of the Child, understand and accept that, in respect of the Child's participation in the Activity, it is my responsibility (1) to ensure that I consider and understand the risks, dangers, hazards and consequences of injury inherent in the Activity, (2) to determine, taking into consideration those risks and the Child's behavioural characteristics, physical health and abilities, whether the Child should be allowed to participate in the Activity, (3) to ensure that the Child is appropriately covered by medical insurance for any harm occurring in the Activity, and (4) to provide emergency medical information regarding the Child as required in this document.

AWARE OF RISKS

I AM AWARE OF AND NOW FREELY ACCEPT AND ASSUME RESPONSIBILITY FOR ALL RISKS TO THE CHILD IN CONNECTION WITH HIS OR HER PARTICIPATION IN THE ACTIVITY, INCLUDING AS FOLLOWS:

- (1) the Child's participation in the Activity, even if the Child possesses behavioural characteristics, physical health and abilities appropriate for the Activity, poses risks of harm to the Child;
- (2) the nature of the Activity is such that the Community Centre cannot identify all risks associated with the Activity and cannot guarantee that Community Centre staff participating in the Activity will not make errors therein or that other children participating in the activities will not cause injuries therein others that staff can or might be able to prevent.

I, THE UNDERSIGNED PARENT/GUARDIAN, AM THE PARENT AND/OR LEGAL GUARDIAN OF THE CHILD AND I HEREBY CONSENT TO HIM OR HER PARTICIPATING IN THE ACTIVITY, AND, IN RETURN FOR THE COMMUNITY CENTRE ALLOWING THE CHILD TO PARTICIPATE IN THE ACTIVITY:

- 1) I NOW WAIVE ALL LEGAL RIGHTS TO SUE AND ANY AND ALL CLAIMS which I or my successors and assigns may have against the Community Centre in connection with any loss, injury, damage or expense that I or the Child may suffer, incur or may suffer, incur or experience in connection with the Child's participation in the Activity; and
- 2) I HEREBY RELEASE the Community Centre from any and all liability for any complaints, demands, claims, actions, suits, judgements and orders for any and all losses, injuries, damage or expenses I or the Child may suffer, incur or experience in connection with the Child's participation in the Activity; and
- 3) I AGREE TO INDEMNIFY the Community Centre for and hold it harmless from any and all losses, injuries, damages and expenses of any kind that the Community Centre may suffer, incur or experience and for any and all complaints, demands, claims, actions, suits, judgments and orders for any and all losses, injuries, damages or expenses of any kind anyone else may suffer, incur or experience in connection with the Child's participation in the Activity.

EMERGENCY INFORMATION AND MEDICAL CONSENT

I hereby authorize the Community Centre, in the event of an apprehended emergency, to administer first aid to the Child and transport or arrange emergency transportation of the Child to a medical facility for medical treatment.

Child's Name: _____ Child's Date of Birth: (mm/dd/yyyy) _____

Child's BC Care Card Number: _____

OR Child's Medical Insurance & Policy Number: (copy of insurance policy required) _____

Emergency Contacts:

Name: _____ Relation to Child: _____ Phone: _____ Phone: _____

Name: _____ Relation to Child: _____ Phone: _____ Phone: _____

List any Medical or behavioural concerns staff should be aware of. Please include allergies, life threatening conditions, disabilities, or if extra assistance is required. This information helps staff determine if we can reasonably accommodate your child.

PICK-UP PERMISSION :

I understand that it is my responsibility to pick-up or to make suitable arrangements for the pick-up of the Child, immediately on completion of the Activity, and to communicate clearly and effectively to Community Centre Staff, prior to commencement of the Activity, any special instructions regarding the pick-up of the Child on completion of the Activity.

PERMISSION TO UTILIZE PHOTOS AND TESTIMONIALS:

I hereby authorize the Community Centre to photograph and/or otherwise record images and/or sounds of or including the child while he or she participates in the activities described above and to freely publish and otherwise make use of as it wishes, without compensation to the Child or anyone else, all such photographic images and other recordings of the Child for purposes of documenting and promoting Community Centre programs and services.

Examples include: use in program brochures, on photo displays, and through Park Board social media such as web posting and video. I understand that names or any other information regarding the identification of the Child would require additional consent.

YES NO

In signing this document and permitting the Child to participate in the Activity, I do not rely upon any oral or written statements, promises or other communications made by the Community Centre other than that set out in this document. This document will be exclusively governed by and interpreted in accordance with the laws of British Columbia and no court outside British Columbia will have any jurisdiction over this Consent, the Activity, or any of the matters arising from them.

I HAVE READ AND I UNDERSTAND THIS DOCUMENT

PARENT/LEGAL GUARDIAN	PARTICIPANT CHILD/YOUTH
Signature: _____	Print Name: _____
Print Name: _____	Address: _____
Address: _____	City: _____ Postal Code: _____
City: _____ Postal Code: _____	Home Phone: _____ Cell Phone: _____
Home Phone: _____ Work Phone: _____	Date: _____
Cell Phone: _____ Date: _____	
Email: _____	Reviewed for Completeness by Staff - Initials:



Killarney Community Centre

6260 Killarney Street, Vancouver, BC V5S 2X7

Phone: 604-718-8201 Fax: 604-718-8219

Website: www.killarneycentre.ca

This attachment to the legal waiver obtains approval from the parent/guardian for their child to participate in the weekly listed activities.

2015 Summer Youth Leadership Camp Activity Consent Form

Participant's First & Last Name: _____ Male Female

Parent/Guardian: Please sign your initials for each week the participant is registered in:

Weekly Scheduled Out Trips: (PT) – Public Transportation (W) – Walking (CB) – Chartered Bus	Parent/Guardian's Initial
Week 1 – Nanaimo Park (W), Playland (CB), BC Sports Hall of Fame (PT), UBC Campus Tour (PT)	<input type="text"/>
Week 2 – Central Park (W), Lynn Canyon Hike (CB), Granville Island Kayaking (PT), Second Beach Outdoor Pool (CB), Presentation @ Mt. Pleasant CC (PT)	<input type="text"/>
Week 3 – Norquay Park (W), Geo-Caching at Dude Chillin Park (PT), Grandview Lanes Bowling (PT), UBC Ropes Course (CB), Cineplex Metrotown (PT)	<input type="text"/>
Week 4 – Bobolink Park (W), Rocky Mountain Flatbread (PT), Castle Fun Park (CB), English Bay (PT), Presentation @ Mt. Pleasant CC (PT)	<input type="text"/>
Week 5 – Nanaimo Park (W), Rev's Bowling (CB), Quarry Rock Hike (CB), Indoor Rock Climbing @ Mt. Pleasant CC (PT), Vancouver Police Museum (PT)	<input type="text"/>
Week 6 – Central Park (W), Cultus Lake Waterpark (CB), U Paint I Fire Ceramics (PT), Vancouver Art Gallery (PT)	<input type="text"/>
Week 7 – Bobolink Park (W), Paddle Boarding @ Jericho Beach (CB), Presentation @ Champlain CC (W), Butterfly Yoga (PT)	<input type="text"/>
Week 8 – Central Park (W), Planet Lazer New West (PT), Vancouver Aquarium (CB), Presentation @ Champlain CC (W), Hillcrest Pool (PT)	<input type="text"/>
Week 9 – Norquay Park (W), Royal Bank of Canada Tour (W), PNE (CB), Kitsilano Outdoor Pool (PT), Stanley Park Seawall (PT)	<input type="text"/>
Week 10 – Nanaimo Park (W), Quest Food Exchange (CB), Splashdown Waterpark (CB), Oppenheimer Park (CB)	<input type="text"/>

Swimming Ability: Good ____ Poor ____ None ____ Level: _____

My son/daughter can return home by himself/herself: Yes ____ No ____

. If **NO**, please provide **Contact Name:** _____ **Phone #:** _____

I understand the following alternate out trip activities may occur due to rainy days or other necessary scheduling changes:

Cineplex Metrotown, Cineplex Tinseltown, Grandview Lanes Bowling, Town & Country Bowling, Champlain Heights CC, Hillcrest Rink & Pool, Watermania, Planet Lazer, Fraserview Golf Course, Six Pack Indoor Beach, Rio Movie Theatre, Granville Island, Britannia Rink, Deer Lake Boat Rentals

By signing this form I agree that my child may attend the out trips initialed above.

Signature of Parent/Guardian: _____ **Date:** _____