



INFORMED CONSENT (19+ Years)

Thank you for choosing to use City of Dawson Creek facilities, services and programs. We make every effort to prevent accidental injuries from occurring, however sometimes injuries do occur because a participant may make an error in their own judgement or an accidental occurrence may result between 2 or more participants, that are beyond the control of our staff. We request your understanding and cooperation to maintain your safety and health by reviewing the information provided below.

By signing this document, you will be acknowledging that you have been informed about the activity and the potential for an accidental injury to occur.

I recognize that there is some element of risk in any adventure, sport or activity associated with the Corporation of the City of Dawson Creek, Community Services activities and programs.

I, _____ consent to my participation in the program(s) listed below and, am aware that there are risks associated with participation in these programs, including the risk of injury, and I consent to my participation in spite of such risks. I am aware that all activities services and programs offered are either educational, recreational or self-directed.

I acknowledge that it is my responsibility to advise the City of any medical or other conditions, which may affect my participation in the Program.

I understand that part of the risk of injury to myself in undertaking any activity or program is relative to my state of fitness or health (physical, mental or emotional), including my awareness, care and skill with which I conduct myself during the activity or program. I acknowledge that my choice to participate in any activity, service and program brings with it the assumption and understanding, by me, of the risk of an accidental injury that may occur during the activity or program that is beyond the control of staff.

In addition, I understand that I am free to withdraw from, reduce or modify involvement in any program activity upon recognition of any signs of medical distress (including lightheadedness, fainting, chest discomfort, leg cramps, nausea, etc.) and bring this to the attention of the recreation staff.

I declare that I have read, understood and agree to the contents of this INFORMED CONSENT AGREEMENT.

Name (please print first and last name)

Date

Program(s):

Signature

Telephone Number