VILLAGE OF SAYWARD
MINOR INFORMED CONSENT

Dear Parent/Guardian of Registrant:

Thank you for choosing to use the facilities, services or programs of Kelsey Recreation Centre. We request your understanding and cooperation in maintaining both your and our safety and health by reading and signing the following INFORMED CONSENT.

I, _____ declare,
that the minor under my care _____,
intends to use some or all the activities, facilities, programs and services offered by Kelsey Recreation Centre and I understand that they have a different capacity for participating in such activities, facilities, programs and services. I am aware that all activities, services and programs offered are educational, recreational, or self-directed in nature. I assume full responsibility before, during and after participation to instruct them on the choices available to him/her relative to the risks to be undertaken, information or instructions available.

I understand that part of the risk involved in undertaking any activity or program is relative to his/her own state of fitness or health (physical, mental or emotional) and the awareness, care and skill with which they conduct themselves in that activity or program. I acknowledge that it is his/her choice to participate in any activity, service and program of Kelsey Recreation Centre and brings with it the assumption by me of those risks or results stemming from this/these choice(s) and the fitness, health, awareness, care and skill that he/she possesses and uses. In addition, I understand that I am free to withdraw him/her from, reduce or modify involvement in any program activity and I realize that I should do so upon recognition of any signs of transient lightheadedness, fainting, chest discomfort, cramps, nausea, etc.

I further understand that the activities, programs and services offered by Kelsey Recreation Centre are sometimes conducted by personnel who may not be licensed, certified, or registered instructors or professionals. I accept the fact that the skills and competencies of some employees and/or volunteers will vary according to their training and experience and that no claim is made to offer assessment or treatment of any mental or physical disease or condition by those who are not duly licensed, certified or registered and herein employed to provide such professional services.

In addition, I acknowledge that I have inquired about the nature of any activity, program or services that I am not completely familiar with and I have been informed of any inherent risks.

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

_____ _____

Parent/Guardian Witness

_____ _____

Date Date

Program/s: _____