



# 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: Britannia Community Services 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: Funseekers Spring Break Day Camp Date: Mar 19-Mar 29, 2018 Time: 9:00 am - 3:00 pm

Activity Description: Week 1 Monday Mar 19-Fri Mar 23 Week 2 Monday Mar 26-Thurs Mar 29 [X] See attached

Mode of Transportation: Walking, Public Transit, Britannia Bus

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 FOR ME AND THE CHILD 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 FOR THE CHILD I HEREBY CONSENT TO HIM OR HER PARTICIPATING IN THE ACTIVITY, AND, FOR MYSELF AND THE CHILD, 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 the Child or our respective 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, judgments 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) FOR MYSELF, 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: <input type="text"/>	Signature (preferred): <input type="text"/>
Print Name: <input type="text"/>	Print Name: <input type="text"/>
Address: <input type="text"/>	Address: <input type="text"/>
City: <input type="text"/> Postal Code: <input type="text"/>	City: <input type="text"/> Postal Code: <input type="text"/>
Home Phone: <input type="text"/> Work Phone: <input type="text"/>	Home Phone: <input type="text"/> Cell Phone: <input type="text"/>
Cell Phone: <input type="text"/> Date: <input type="text"/>	Date: <input type="text"/>
Email: <input type="text"/>	Reviewed for Completeness by Staff - Initials: <input type="text"/>



**BRITANNIA COMMUNITY SERVICES CENTRE**  
 1661 Napier Street, Vancouver, B.C. V5L 4X4 Phone: 604-718-5800

**PARENTAL CONSENT FORM:  
 FOR FUNSEEKERS PROGRAM**

*Monday March 19 - Friday March 23, 2018, 9:00am – 3:00pm*

CHILD'S NAME: \_\_\_\_\_ BIRTH DATE (D/M/Y) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

PARENT/GUARDIAN'S NAME: \_\_\_\_\_

PHONE NUMBER: HOME: \_\_\_\_\_ WORK: \_\_\_\_\_

EMERGENCY CONTACT: NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

PERSON RESPONSIBLE FOR PICKING UP PARTICIPANT: \_\_\_\_\_

I hereby authorize my son/daughter \_\_\_\_\_ to participate in the activities sponsored by the Britannia Community Services Centre.

**My son/daughter has my consent to participate in any of the following activities that I have approved:**

Mon. Mar 19	Bowling @ Grandview Lanes	Public Transit	_____
			Signature of Parent/Guardian
Tues. Mar 20	HR Macmillan Space Centre	Charter Bus	_____
			Signature of Parent/Guardian
Wed. Mar 21	Swimming at Eileen Dailly Pool	Public Transit	_____
			Signature of Parent/Guardian
Thurs. Mar 22	Skating at Britannia Ice Rink		_____
			Signature of Parent/Guardian
Fri. Mar 23	Science World	Public Transit	_____
			Signature of Parent/Guardian

\*Please note that daily activities and out trips are subject to change.

1. My son/daughter may leave or be left behind after a program to make their own way home:

yes  no

2. Any other information that you feel is important in allowing or not allowing your son/daughter to participate in our programs and activities:

**Please notify Funseekers staff to any changes to this form that may affect your son/daughters participation in our programs.**





**BRITANNIA COMMUNITY SERVICES CENTRE**

1661 Napier Street, Vancouver, B.C. V5L 4X4 Phone: 604-718-5800

**PARENTAL CONSENT FORM:**

**FOR FUNSEEKERS PROGRAM**

**Monday March 26 - Thursday March 29, 2018, 9:00am – 3:00pm**

CHILD'S NAME: \_\_\_\_\_ BIRTH DATE (D/M/Y) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

PARENT/GUARDIAN'S NAME: \_\_\_\_\_

PHONE NUMBER: HOME: \_\_\_\_\_ WORK: \_\_\_\_\_

EMERGENCY CONTACT: NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

PERSON RESPONSIBLE FOR PICKING UP PARTICIPANT: \_\_\_\_\_

I hereby authorize my son/daughter \_\_\_\_\_ to participate in the activities sponsored by the Britannia Community Services Centre.

**My son/daughter has my consent to participate in any of the following activities that I have approved:**

Mon. Mar 26	Swimming at Britannia Pool		_____
			Signature of Parent/Guardian
Tues. Mar 27	Youngers- Bowling at REVS	Public Transit	_____
			Signature of Parent/Guardian
	Olders- Rockclimbing	Public Transit	_____
	@ Cliffhanger Vancouver		Signature of Parent/Guardian
Wed. Mar 28	Vancouver Aquarium	Charter Bus	_____
			Signature of Parent/Guardian
Thurs. Mar 29	Youngers- Crash Crawly's	Public Transit	_____
			Signature of Parent/Guardian
	Olders- Bowling at REVS	Public Transit	_____
			Signature of Parent/Guardian

Vancouver Aquarium

\*Please note that daily activities and out trips are subject to change.

1. My son/daughter may leave or be left behind after a program to make their own way home:

yes  no

2. Any other information that you feel is important in allowing or not allowing your son/daughter to participate in our programs and activities:

**Please notify Funseekers staff to any changes to this form that may affect your son/daughters participation in our programs.**





BRITANNIA COMMUNITY SERVICES CENTRE  
1661 Napier Street, Vancouver, B.C. V5L 4X4 Phone 718-5800

### PARTICIPANT MEDICAL INFORMATION

Please note that the information contained herein is considered confidential and will only be shared with the trip leader and medical personnel in the event of a medical emergency. This information is important - **PLEASE PRINT CLEARLY.**

**PARTICIPANT'S NAME:** \_\_\_\_\_ **BIRTHDATE (d/m/y):** \_\_\_\_\_

**PARENT / GUARDIAN NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **POSTAL CODE:** \_\_\_\_\_

**HOME TEL:** \_\_\_\_\_ **WORK TEL:** \_\_\_\_\_ **ALTERNATE TEL:** \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION** – can be another parent / guardian

**NAME:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **POSTAL CODE:** \_\_\_\_\_

**HOME TEL:** \_\_\_\_\_ **WORK TEL:** \_\_\_\_\_ **ALTERNATE TEL:** \_\_\_\_\_

**DOCTOR'S NAME:** \_\_\_\_\_ **DR'S PHONE:** \_\_\_\_\_

**B.C. CARE CARD PERSONAL HEALTH NUMBER:** \_\_\_\_\_

**OTHER HEALTH/MED. INSURANCE:** \_\_\_\_\_ **NUMBER:** \_\_\_\_\_

Is your Child subject to any of the following? (circle)

Severe Asthma

Diabetes

Seizure Disorder/Epilepsy

ADD / ADHD

Other

If yes, please give additional information: \_\_\_\_\_

**ALLERGIES:**  **LIFE THREATENING/ANAPHYLAXIS** or  **Non life threatening** or  **None**

Foods \_\_\_\_\_  Animals \_\_\_\_\_

Insects \_\_\_\_\_  Grasses/Pollens \_\_\_\_\_

Drugs \_\_\_\_\_  Other \_\_\_\_\_

Describe what happens during a reaction: \_\_\_\_\_

In the event of a reaction, what actions are necessary? \_\_\_\_\_

Has your child ever been hospitalized due to a reaction: Yes / No If yes, when? \_\_\_\_\_

What, if any, medication does your child carry for their allergy? \_\_\_\_\_

CONTINUE ON SECOND SIDE

Has your child been under a **DOCTOR'S CARE** in the last 12 months? Yes / No If **YES**, for what reason?

Does your child suffer any **PHYSICAL LIMITATIONS**? \_\_\_\_\_

Does your child have any **PSYCHOLOGICAL LIMITATIONS** (Eg. fear of heights, fear of water, etc) If yes, describe:

Does your child experience any **BED TIME / SLEEPING DIFFICULTIES**? If yes, describe: \_\_\_\_\_

Does your child have any **DIETARY RESTRICTIONS**? If yes, describe: \_\_\_\_\_

Has your child ever had any **MAJOR ILLNESSES, INJURIES, or OPERATIONS**? Yes / No If **YES**, describe:

Is your child taking **ANY PRESCRIPTION OR NON-PRESCRIPTION DRUGS**? Yes / No

If **YES**, What drug? \_\_\_\_\_ How frequently? \_\_\_\_\_

When was your child's last **TETANUS** Inoculation or Booster (d/m/y)? \_\_\_\_\_

\*\*\*\*[Tetanus shot must be current (within last 10 years) for **ALL** overnight wilderness trips]\*\*\*\*

**EYESIGHT:** Excellent Good Fair Poor Glasses Contacts Laser Eye Surgery

**HEARING:** Excellent Good Fair Poor Require Electronic Hearing Aid

**SWIMMING ABILITY:** None Minimal Able to swim 25m Able to swim 100m Able to swim 1 km

How often does your child swim? Daily Weekly Monthly Several times per year Rarely

Do they have any swimming qualifications? \_\_\_\_\_

#### IMPORTANT NOTES

1. If your child wears **glasses** bring a second pair in case their first pair is broken or lost.
2. If your child wears **contacts** send a pair of glasses as back-up.
3. If your child is bringing **medication**: A. Check the expiry B. Send complete second set (that the instructor can carry) in case the first set is damaged or lost. C. Ensure all medication is labeled with child's name, drug name, dosage and expiry. D. Check with doctor/pharmacist regarding any contraindications or storage restrictions that might be affected by this trip.
4. We may treat our **drinking water** with iodine, chlorine or by boiling. Chemicals are not effective against Cryptosporidium. We recommend that immune compromised people bring an appropriate filter for their trip.

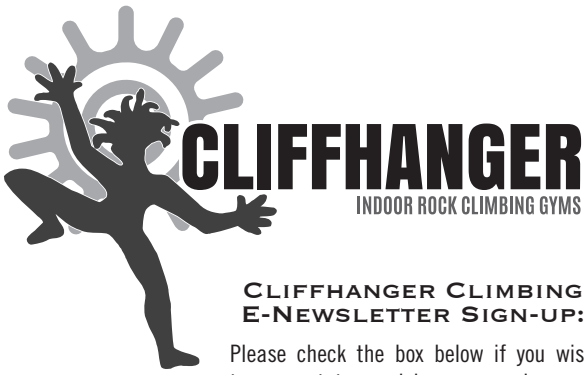
I confirm that the above information is correct and I hereby give consent and full authority for the staff of Britannia Community Centre to arrange for and consent to any medical treatment or hospitalization for my child/ward while he/she is in the care of the community centre. I further authorize these staff members to enter into and execute, on my behalf, such documents or consents as may be required by Medical Practitioners, Health Care Professionals or Hospitals for such purposes.

**I understand that it is my responsibility to inform the staff of *Britannia Community Centre* of any new medical condition or change to the information provided as early as possible.**

SIGNATURE OF PARENT/ GUARDIAN \_\_\_\_\_ DATE (d/m/y): \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ RELATIONSHIP TO MINOR: \_\_\_\_\_





**CLIFFHANGER CLIMBING  
E-NEWSLETTER SIGN-UP:**

Please check the box below if you wish to consent to receiving seasonal e-mail newsletters from Cliffhanger Climbing Gyms to inform you about special climbing deals, events, and community news. Cliffhanger will not share your e-mail address with any third party. You may easily unsubscribe (electronically) from our newsletter at any time.

**YES, SIGN ME UP!**

E-MAIL ADDRESS: \_\_\_\_\_

**REGISTRATION & WAIVER**

NAME _____		BIRTHDATE / /		
		MM	DD	YYYY
ADDRESS _____		CITY _____		PROVINCE _____
POSTAL CODE _____		PHONE _____		

[cliffhangerclimbing.com](http://cliffhangerclimbing.com)



**RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT. PLEASE READ AND SIGN BELOW.**

◆◆◆ Please note that signing this agreement; you give up the right to sue for any injury or damages, however caused. ◆◆◆†

To: **CLIFFHANGER INDOOR ROCK CLIMBING CENTRE LTD.**, ("the Company") and its directors, officers, employees, representatives and agents (collectively called "the Agents").

- I agree as a precondition to my participation in all events organized by "the Company" and/or "the Agents" including, but not limited to indoor rock climbing (referred to as "the Activities") and in further consideration of "the Company" allowing me to do so, that I will strictly be bound by the terms of this Release of Liability, Waiver of Claims, Assumption of Risk and Indemnity Agreement ("the Agreement").
- I acknowledge that "the Activities" involve inherent risk and dangers that may cause serious injury and possible death to participants.
- I fully understand the risks and dangers associated with my participation in "the Activities" and accept same entirely at my own risk.
- I hereby waive any and all claims which I may have against "the Company" and "the Agents" and release "the Company" and "the Agents" from all liability for injury, death, property damage or any other loss sustained by me as a result of my participation in "the Activities", due to any cause whatsoever; including negligence, breach of contract, or breach of any statutory or other duty of care by "the Company" and/or "the Agents".
- I appreciate that "the Agreement" limits the liability of "the Agents" to the same extent as it limits the liability of "the Company", even though "the Agents" are not formal parties to "the Agreement"

**I am 19 Years of age or older, and I have read and understand "the Agreement". I understand that this document contains a promise not to sue "the Company" and/or "the Agents" and that it constitutes a release of liability and an indemnity for all claims. If I am the parent and/or guardian of the participant I have read and understand and execute "the Agreement" on behalf of child/ward.**

I hereby sign this agreement on behalf of myself, my personal representatives, heirs and assigns.

WITNESS \_\_\_\_\_

PARTICIPANT SIGNATURE OR PARENT/GUARDIAN \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
MONTH DAY YEAR

PRINT NAME \_\_\_\_\_

PRINT NAME OF CHILD \_\_\_\_\_

**OFFICE USE**

Belay Check Result:  Pass  Fail  Conditional Instructor \_\_\_\_\_

Comment \_\_\_\_\_