



## INFORMED CONSENT FORM

Dear Registrant:

Thank you for choosing to use the facilities, services or programs of the City of Penticton Parks, Recreation and Culture Department. 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 I intend to use some or all of the activities, facilities, programs and services offered by the City of Penticton Parks, Recreation, and Culture Department and I understand that each person, (myself included), have different capacities 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, for my choices to use or apply, at my own risk, any portion of the information or instructions I receive.

I understand that part of the risk involved in undertaking any activity or program is relative to my own state of fitness or health (physical, mental, or emotional) and the awareness, care and skill with which I conduct myself in that activity or program. I acknowledge that my choice to participate in any activity, service and program 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 I possess and use. In addition, I understand that I am free to withdraw from, reduce or modify my involvement in any program activity and I realize that I should do so upon recognition of any signs of transient lightheadedness, fainting, chest discomfort, leg cramps, nausea, etc.

I further understand that the activities, programs and services offered by the City of Penticton Parks, Recreation and Culture Department 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 medical 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 INFORMED CONSENT AGREEMENT in its entirety.

Participant \_\_\_\_\_ Witness \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_

Program: \_\_\_\_\_

Participant's Name: \_\_\_\_\_ Age \_\_\_\_\_

In case of emergency contact: \_\_\_\_\_

Phone No. Home \_\_\_\_\_ Work \_\_\_\_\_

Medical No. of Participant: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

Medical Concerns/Allergies \_\_\_\_\_