

## 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 light-headedness, 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 Signature

\_\_\_\_\_  
Date

Program Name(s):

Program Number(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**See Over >>>**

## Photo Release Form

I hereby grant the City of Penticton permission to use my likeness in photograph(s)/video in any and all of its publications and in any and all other media, whether now known or hereafter existing, controlled by the City of Penticton, in perpetuity, and for other use by the City. I acknowledge the City's right to crop or treat the photograph at its discretion. I also acknowledge that the City may choose not to use the photo at this time, but may do so at its own discretion at a later date.

I also understand that once the image is posted on the City of Penticton website, the image can be downloaded by any computer user. Therefore, I agree to indemnify and hold harmless from any claims the City of Penticton.

I will make no monetary or other claim against the City of Penticton for the use of the photograph(s)/video.

\_\_\_\_\_  
Name of Person in Photo (please print):

\_\_\_\_\_  
Phone #:

I am 19 years of age and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning and impact of this release.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date