

Town of Cochrane
INFORMED CONSENT

I, _____, (name of Parent/Guardian), of

ADDRESS: _____

I reside in Cochrane ____, M.D. of Rocky View __ Legal Description _____ Other _____

I authorize and request to have _____ (“my Child”) participate in the _____ **PROGRAM** (the “Program”),

At the _____, which I understand may involve the following activity or activities:
running, jumping, bumping, etc. including transportation to and from the Program location.

I AM AWARE AND ACKNOWLEDGE that the Program involves many inherent **RISKS**, which Risks include but are not limited to the possibility of personal injury such as skin abrasions, nerve, bone, spinal cord and neck damage, pain, paralysis, brain injuries or even death, property damage and property loss.

I UNDERSTAND that the above activities require a minimum level of fitness and physical, mental and emotional health (collectively “health”). I further understand that the probability of the Risks occurring depends in part on my Child’s level of fitness and health as well as on the awareness, care and skill with which my Child conducts him or herself in the Program.

I WARRANT that my Child is physically, mentally and emotionally fit to participate in the Program.

I UNDERSTAND that in choosing to have my Child participate brings with it the assumption of the Risks and **I ASSUME FULL RESPONSIBILITY** to instruct my Child about the Risks and the choices available to him or her relative to those Risks.

I UNDERSTAND, AGREE AND ACKNOWLEDGE that by choosing to have my Child participate in the Program brings with it the assumption by me and by my Child of the Risks. In addition, I understand that I am free to withdraw my Child from the Program at any time. In any case, I agree to withdraw my Child from the Program immediately if my Child begins to experience any signs of transient lightheadedness, fainting, chest discomfort, leg cramps, nausea or other similar ailments. Further, I acknowledge that the Town of Cochrane is not responsible for administering medication to my Child or for providing any medical treatment whether on an emergency basis or any other basis. If my Child takes medication it is my responsibility to see that he or she does so.

I FURTHER UNDERSTAND that the Program may be conducted by personnel whose skills and competencies vary according to their training and experience and that the Program may be provided by persons who are not employed by the Town. **IT IS MY RESPONSIBILITY** to determine whether or not I am satisfied with the qualifications of the Program personnel, and I understand the Town assumes no responsibility for the skill or competence of such personnel.

I declare that I have read, understood and agree to the contents of the **INFORMED CONSENT** form in its entirety.

Parent/Guardian

Witness

Date

Date

Information provided to the Town of Cochrane is subject to, and covered by the Freedom of Information and Protection of Privacy Act.