RM OF SIFTON RECREATION INFORMED CONSENT-ADULT

PROGRAM:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MEDICAL CONDITIONS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CELL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_WORK:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY CONTACT PERSON:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY CONTACT PERSON PHONE #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHOTO/VIDEO RELEASE

I give permission to have my picture and/or video taken while at any RM of Sifton Recreation programming. I understand these pictures may be published on Facebook, on the RM of Sifton website or in advertising for the program.

no

yes

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



ADULT RM OF SIFTON RECREATION INFORMED CONSENT CONTINUED

I AM AWARE AND ACKNOWLEDGE that the program involves inherent RISKS, which risks include, but are not limited to the possibility of personal injury such as 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 minimum level of fitness and physical, mental and emotional health (collectively “health”). I further understand that the probability of risks occurring depends in part on my level of fitness and health as well as on the awareness, care and skill with which I conduct myself in the program.

I UNDERSTAND, AGREE AND ACKNOWLEDGE that:

1. By choosing to participate in the program brings with it the assumption of risks and I, the participant, ASSUME FULL RESPONSIBILITY to know the risks and the choices available in relation to those risks.
2. I, the participant, am free to withdraw from the program at any time. In any case, I (the participant) agree to withdraw from the program immediately if I begin to experience any sign of transient light-headedness, fainting, chest discomfort, leg cramps, nausea and other similar ailments.
3. RM of Sifton Recreation is not responsible for administering medications or for providing any medical treatment whether on an emergency basis or any other basis. If the participant takes medications, it is the responsibility of the participant to do so.
4. 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 RM of Sifton. IT IS THE RESPONSIBILITY of the participant to determine whether or not they are satisfied with the program personnel, and I (the participant) understand that the RM of Sifton Recreation Department or the RM of Sifton assumes no responsibility for the skill and competence of such personnel.

CANCELLATION POLICY-All refunds, including medical/sickness, are subject to a $10 administration fee.

A FULL REFUND WILL BE APPLIED FOR ONE OF THE FOLLOWING REASONS:

1. RM of Sifton Recreation cancel the program.
2. The participant withdraws in writing to the recreation programmer seven days prior to the first day of the program/course.
3. Once the program/course has started refunds will NOT be granted unless a medical note can be provided.
4. A transfer due to a date change, will be permitted up to seven business days prior to the start of the enrolled day of the program/course with no administration fee.

I have read and understood the contents of the Informed Consent and the photo/video release in its entirety:

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-transfers to [finance@rmofsifton.com](mailto:finance@rmofsifton.com)

Cheques can be made payable to RM of Sifton

Payment will be required to confirm registration

OFFICE USE ONLY

TOTAL $\_\_\_\_\_ ETRANSFER\_\_\_\_\_ CASH/CHQ\_\_\_\_\_\_\_ INITIALS\_\_\_\_\_\_\_\_