



**THE GOVERNORS OF THE UNIVERSITY OF LETHBRIDGE
INFORMED CONSENT MINOR PARTICIPANT
RISK ACKNOWLEDGEMENT AND INDEMNITY AGREEMENT**

By signing this document you indicate that you understand the risks associated with this activity and you are aware that by allowing your child to participate in the activity you are exposing him/her to the risks identified below. It gives the University authority to secure medical assistance for your child for which you agree to be financially responsible. You are agreeing to assume financial responsibility for any damage to third persons or their property caused by your child.

**PLEASE READ CAREFULLY!
INITIAL IN THE BOX** 

CHILD'S NAME: _____ AGE: _____

GUARDIAN'S/PARENT'S NAME: _____

ADDRESS OF GUARDIAN/PARENT: _____ Telephone: _____

1. DESCRIPTION OF RISKS:

I am aware that by allowing my child to participate with the University of Lethbridge Summer Camp Program (participation in physical and fine art activities including but not limited to: climbing, multi-activity, soccer, basketball, hockey, ringette, fencing, judo, climbing, outdoor games, spray park, art, drama, dance) at the University of Lethbridge, off-campus facilities, the coulee walking trails and city green spaces including Nicholas Sheran Park and the Gyro spray park within the City of Lethbridge, that I will be exposing him/her to the following inherent risks, including but not limited to:

GENERAL: theft, vandalism or loss of personal property; any manner of injury resulting from use, misuse, non-use and failure of equipment; impact with obstructions, other participants, officials or spectators, visible or non-visible; potential for bone and muscular skeletal injury, such as sprains and strains; episodes of light headedness, fainting, chest discomfort, leg cramps and nausea; an increased load on the heart, which may result in dizziness, shortness of breath and in extreme circumstances, may result in a heart attack;

GYMNASIUM/CLIMBING WALL/FIELD ACTIVITIES: all manner of injury arising from falling and impacting against other participants, the floor surface, walls, apparatus/equipment, ice surface or the ground;

SWIMMING: any manner of injury resulting from slips or falls on water park surface or impact with water park structures or other participants; on pool decks, diving boards or platforms especially while entering or exiting the pool area or water; bodily injury; death or spinal injury may be caused by; but is not limited to: a) sudden immersion, b) making contact with the diving board, pool structure, pool deck and/or other participants, visible or non-visible, c) drowning or body entrapment under bulk head.

EQUIPMENT: Any manner of injury resulting from use, misuse, non-use and failure of equipment and that if my child is supplying his/her own equipment, I am responsible for ensuring that it is safe and well maintained which is up to the requisite standards for the activity in which he/she is participating.

2. I also understand that THE UNIVERSITY OF LETHBRIDGE cannot accept financial responsibility for my child's medical treatment. **I understand that I am responsible for my child's own health, medical, dental and property insurance** and authorize the University of Lethbridge to secure medical advice and services as it, in its sole discretion, may deem necessary for my child's health and safety and I shall be financially responsible for such advice and services.

3. I understand that it is my child's responsibility to abide by the rules and regulations imposed upon the participants and have explained to my child the need to follow the instructions given to them by the program leaders.

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RELEASE OF LIABILITY AND INDEMNITY AGREEMENT:

I agree to **HOLD HARMLESS AND INDEMNIFY** the Governors of The University of Lethbridge from any and all liability for any damage to the property of, or personal injury to, any third party resulting from my child's participation in this activity for which they may be legally liable.

I HAVE READ AND UNDERSTOOD THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM ACCEPTING FINANCIAL RESPONSIBILITY FOR ANY MEDICAL ASSISTANCE THE UNIVERSITY MAY DEEM NECESSARY FOR MY CHILD'S HEALTH AND SAFETY AND ALSO FOR ANY DAMAGE TO THIRD PERSONS OR THEIR PROPERTY THAT MY CHILD MAY CAUSE FOR WHICH MY CHILD IS LEGALLY LIABLE.

Signature of Parent/Guardian: _____ Date: _____

Witness Name: _____ Signature: _____ Telephone #: _____

PHOTO RELEASE:

I understand that University of Lethbridge staff may be taking photographs of the summer camp participants for the purpose of promoting The University of Lethbridge and/or its Sport and Recreation Programs. Furthermore, parental consent is required for the University of Lethbridge to photograph and/or video-tape your child as they participate in the summer camp program(s).

I hereby consent to and authorize The University of Lethbridge, without any compensation to me, permission to use digital images including video of my child or digital images including video in which my child may be involved with others as they relate to the University of Lethbridge Summer Camps Program(s) and the promotion of the camp(s) thereto.

I understand that the tape, digital images, negatives and positives, together with the prints are owned by the University of Lethbridge and that the University of Lethbridge reserves the right to use these photographs or videotape in any of its print or electronic publications as they relate to the promotion of The University of Lethbridge and/or its Summer Camp Programs.

On behalf of (child's name) _____

_____ I give my consent to the information disclosures as described above.

_____ I do not give my consent to the information disclosures as described above

Signature of Parent/Guardian: _____ Date: _____