

Town of High Level Program INFORMED CONSENT

Name: _____

Daytime Contact Number: _____

Program Name and Date: _____

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 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 level of fitness and health as well as on the awareness, care and skill with which I conduct myself in the Program.

I WARRANT that I am physically, mentally and emotionally fit to participate in the Program.

I UNDERSTAND, AGREE AND ACKNOWLEDGE that:

- a. By choosing to participate in the Program brings with it the assumption by me of the Risks, and **I ASSUME FULL RESPONSIBILITY** to know about the Risks and the choices available are relative to those Risks.
- b. I am free to withdraw myself from the Program at any time. In any case, I agree to withdraw myself from the Program immediately if I begin to experience any sign of transient lightheadedness, fainting, chest discomfort, leg cramps, nausea or other similar ailments.
- c. The Town of High Level is not responsible for administering medications to me or for providing any medical treatment whether on an emergency basis or any other basis. If I take medication it is my responsibility to do so.
- d. 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.

PHOTO RELEASE

Yes

No

I give permission to have my picture taken while at the program. I understand that these pictures may be published in the Echo, on the town website or on Town of High Level Face book page Advertising for the program, or other similar publications throughout the year. I also understand that my name(s) may be attached to these pictures.

I declare that I have read, understood the contents of the Informed Consent, Pick-up Policy, and Photo Release in it's entirety this _____ day of _____.

Signature

Witness

Name: _____

Mailing Address: _____

Birthday: _____

Medical Conditions: _____

Home Phone Number: _____

Emergency Contact Person: _____

Emergency Phone Number: _____

Alberta Health Care Number: _____