



READ CAREFULLY

CHILD ACTIVITIES (refers to under 19 years of age)

PARENT/GUARDIAN CONSENT, ACKNOWLEDGEMENT OF RISK, WAIVER, RELEASE & INDEMNITY

Please complete form, sign and submit the original copy to Community Centre staff

Community Centre: Hillcrest Centre

Note: All references herein to the "Community Centre" include the Community Centre, the City of Vancouver and its Board of Parks and Recreation, any society or association involved in the operation of and/or provision of programs or services at the Community Centre, and all of their respective officials, directors, officers, employees, volunteers and agents. Anyone under 19 years of age - infant, child or youth - is defined as a "Child" in legal terms.

Activity Name: Explorers Youth Leadership Camp (12-14 yrs) Date: Summer 2022 Time: 9:30AM-4:00PM

Activity Description: Join us this summer for an action-packed week of fun, games, crafts, workshops, and exploration to local parks and areas. Each day will be filled with exciting leadership activities to keep participants engaged throughout the summer! DROP-OFF/PICK-UP: Vancouver Curling Club Lounge (across from Blue Parrot Cafe) Please pack nut-free snacks, lunch, liquids, and sunscreen each day and dress appropriate for the weather. THIS FORM MUST BE COMPLETED AND RETURNED PRIOR TO FIRST DAY OF CAMP.

Mode of Transportation: See additional form attached.

Child's Name: Parent/Legal Guardian Name:

NOTICE TO PARENT/GUARDIAN

It is a condition to the Child's participation in the Activity that you, the undersigned Parent/Guardian of the Child, must carefully read and understand this document and sign it to acknowledge that you have read and understand it and that you understand that the Child's participation in the activity will expose the Child to risks of harm and that you accept full responsibility for exposing the Child to such risks.

PARENT/GUARDIAN RESPONSIBILITY FOR CHILD

I, the undersigned Parent/Guardian of the Child, understand and accept that, with respect to the Child's participation in the Activity, it is my responsibility (1) to ensure that I consider and understand the risks, dangers, hazards and consequences of injury inherent in the Activity, (2) to determine, taking into consideration those risks and the Child's behavioural characteristics, physical health and abilities, whether the Child should be allowed to participate in the Activity, (3) to ensure that the Child is appropriately covered by medical insurance for any harm occurring in the Activity, and (4) to provide emergency medical information regarding the Child as required in this document.

AWARE OF RISKS

I AM AWARE OF, AND NOW FREELY ACCEPT AND ASSUME RESPONSIBILITY FOR, ALL RISKS TO THE CHILD IN CONNECTION WITH THEIR PARTICIPATION IN THE ACTIVITY, INCLUDING AS FOLLOWS:

- (1) the Child's participation in the Activity, even if the Child possesses behavioural characteristics, physical health and abilities appropriate for the Activity, poses risks of harm to the Child;
(2) the nature of the Activity is such that the Community Centre cannot identify all of the risks associated with the Activity and cannot guarantee that Community Centre staff participating in the Activity will not make errors in administering or supervising the Activity or that other children participating in the activities will not cause injuries or harm to the Child.
(3) the nature of the Activity is such that the Child will interact with other people, continuous physical distance between the Child and other people cannot be guaranteed, and, by participating in the Activity, the Child risks being infected by a pathogen, including but not limited to SARS-COV-2. SARS-COV-2, which causes the disease COVID-19, may exacerbate other health issues and is the cause of an ongoing global pandemic. SARS-COV-2 is highly communicable and dangerous. If the Child becomes infected with SARS-COV2, he, she, or they may transmit it to other people even if he, she, or they is not exhibiting symptoms of illness.

I, THE UNDERSIGNED PARENT/GUARDIAN, AM THE PARENT AND/OR LEGAL GUARDIAN OF THE CHILD AND I HEREBY CONSENT TO THEIR PARTICIPATION IN THE ACTIVITY, AND, IN RETURN FOR THE COMMUNITY CENTRE ALLOWING THE CHILD TO PARTICIPATE IN THE ACTIVITY:

- 1) I NOW WAIVE ALL LEGAL RIGHTS TO SUE AND ANY AND ALL CLAIMS which I and/or my successors and assigns may have against the Community Centre in connection with any loss, injury, damage or expense that I may suffer, incur or experience in connection with the Child's participation in the Activity; and
2) I HEREBY RELEASE the Community Centre from any and all liability for any complaints, demands, claims, actions, suits, judgements and orders for, or with respect to, any and all losses, injuries, damage or expenses I may suffer, incur, or experience in connection with the Child's participation in the Activity; and
3) I AGREE TO INDEMNIFY the Community Centre for, and hold it harmless from, any and all losses, injuries, damages and expenses of any kind that the Community Centre may suffer, incur or experience and for any and all complaints, demands, claims, actions, suits, judgments and orders against it with respect to any and all losses, injuries, damages or expenses of any kind anyone, including the child, may suffer, incur or experience to the extent they or any of them arise from or are in any way connected to my conduct or the Child's conduct in or participation in the Activity.

**EMERGENCY INFORMATION AND MEDICAL CONSENT**

I hereby authorize the Community Centre, in the event of an apprehended emergency, to administer first aid to the Child and transport or arrange emergency transportation of the Child to a medical facility for medical treatment.

Child's Name:  Child's Date of Birth: (mm/dd/yyyy)

List any medical or behavioural concerns staff should be aware of. Please include allergies, life threatening conditions, disabilities, or if extra assistance is required. This information helps staff determine if we can reasonably accommodate your child.

**Emergency Contacts:**

Name:  Relation to Child:  Phone:  Phone:

Name:  Relation to Child:  Phone:  Phone:

**PICK-UP PERMISSION :**

I understand that it is my responsibility to pick-up or to make suitable arrangements for the pick-up of the Child, immediately on completion of the Activity, and to communicate clearly and effectively to Community Centre Staff, prior to commencement of the Activity, any special instructions regarding the pick-up of the Child on completion of the Activity.

**PERMISSION TO UTILIZE PHOTOS AND TESTIMONIALS:**

I hereby authorize the Community Centre to photograph and/or otherwise record images and/or sounds of or including the Child while participating in the activities described above and to freely publish and otherwise make use of as it wishes, without compensation to the Child or anyone else, all such photographic images and other recordings of the Child for purposes of documenting and promoting Community Centre programs and services. Examples include: use in program brochures, on photo displays, and through Park Board social media such as web posting and video. I understand that names or any other information regarding the identification of the Child would require additional consent.

YES  NO

In signing this document and permitting the Child to participate in the Activity, I do not rely upon any oral or written statements, promises or other communications made by the Community Centre other than that set out in this document. This document will be exclusively governed by and interpreted in accordance with the laws of British Columbia and no court outside British Columbia will have any jurisdiction over this Consent, the Activity, or any of the matters arising from them.

**I HAVE READ AND I UNDERSTAND THIS DOCUMENT**

**PARENT/LEGAL GUARDIAN**

Signature:   
Print Name:   
Address:   
City:  Postal Code:   
Home Phone:  Work Phone:   
Cell Phone:  Date:   
Email:

**PARTICIPANT CHILD/YOUTH**

Print Name:   
Address:   
City:  Postal Code:   
Home Phone:  Cell Phone:   
Date:

Reviewed for Completeness by Staff - Initials:



This attachment to the legal waiver obtains approval from the parent/guardian for their child to participate in the weekly listed activities.

## 2022 Explorers Youth Leadership Camp Activity Consent Form (12-14 yrs)

Child's First and Last Name: \_\_\_\_\_

Parent/Guardian: Please sign your INITIALS for all weeks your child is registered in.

**Youth Leadership Camp Scheduled Activities:**

**Parent/Guardian Initial Required:**

(W) – Walking (PT) – Public Transit (CB) – Chartered Bus

Week 1 – Creekside Kayaks (PT), Queen Elizabeth Park (W), 6-Pack Beach – Archery Tag (CB), Riley Park (W)

Week 2 – Cineplex Metrotown (PT), Prince Edward Park (W), Mount Pleasant CC (PT),  
New Brighton Outdoor Pool (PT)

Week 3 – Riley Park (W), Queen Elizabeth Park (W), Science World (PT)

Week 4 – Granville Island (PT), Stanley Park Pitch & Putt (PT), Queen Elizabeth Park (W),  
Nat Bailey Stadium (W)

Week 5 – Vancouver Art Gallery (PT), Riley Park (W), Vancouver Aquarium (PT)

Week 6 – Grandview Lanes Bowling (PT), Riley Park (W), Hastings CC (PT), Playland (PT)

Week 7 – EXIT Escape Room (PT), Riley Park (W), Sunset Rink (PT), Pacific Adventure Learning (PT)

Week 8 – Stand Up Paddleboard (PT), Riley Park (W), Rupert Park Pitch & Putt (PT),  
Big Splash Waterpark (CB)

*\*Please note that these activities are subject to change\**

Swimming Ability: Good \_\_\_ Poor \_\_\_ None \_\_\_ Level: \_\_\_\_\_

Note: If your child's swimming ability is poor or none they will be required to wear a PFD (life jacket).

Skating Ability: Good \_\_\_ Poor \_\_\_ None \_\_\_ Shoe Size \_\_\_\_\_

My child can sign in/out on their own (must be 8 years or older) : Yes \_\_\_ No \_\_\_ (if no, please include information below)

My child will be picked up by this parent/caregiver (please include name & phone #) : \_\_\_\_\_

My child can be picked up by this alternate contact (please include name & phone #) : \_\_\_\_\_

I understand the following alternate activities may occur due to rainy days/other necessary scheduling changes:

Cineplex-Marine Gateway Movie, Vancouver Art Gallery, Hillcrest Aquatic Pool, Hillcrest Ice Rink, QE Park,  
Grandview Lanes Bowling, Marpole Oakridge CC, Sunset CC, Douglas Park CC, Prince Edward Park

By signing this form I agree that my child may attend the out trips initialed above.

Signature of Parent/Guardian: \_\_\_\_\_

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