## ACTIVITY CONSENT FORM AND APPROVAL BY PARENTS OR LEGAL GUARDIAN

## HOLD HARMLESS AGREEMENT

I understand that participation in these activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding.

I have carefully considered the risk involved and have given consent for myself and or my child to participate in this activity.

I also understand that participation in this activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct.

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING AND/OR VOLUNTEERING IN THIS ACTIVITY OR EVENT, BOTH FOR MYSELF AND AS A PARENT AND/OR LEGAL GUARDIAN, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I and or my child am physically fit, have sufficiently prepared or trained for participation in the activity or event, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my and or my child's participation in this activity or event.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity or event in which I and or my child may participate, and that it will govern my and or my child's actions and responsibilities at said activity or event. In consideration of my application and permitting me and or my child, to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

- (A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS: The Grassy Plains Community Hall Association (hereafter known as G.P.C.H.A.) and/or their directors, officers, employees, volunteers, representatives, and agents, the activity or event holders, activity or event sponsors, activity or event volunteers;
- (B) I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity or event, whether caused by the negligence of release or otherwise. I acknowledge that the G.P.C.H.A. and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific event or activity on behalf of the G.P.C.H.A.

I acknowledge that this activity or event may involve a test of a person's physical and mental limits and may carry with it the potential for death, serious injury, and property loss. The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials, and event monitors, and/or producers of the event, and lack of hydration. These risks are not only inherent to participants, but are also present for volunteers.

I understand that at this event or related activities, I or my child may be photographed. I agree to allow my or my child's photo, video, or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers, and assigns. The accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

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I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity or event.

In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult supervisor in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child.

I agree to provide any and all information about any medical conditions, allergies, and or present medications, to the adult supervisor that will oversee my child, and authorise this information to be released to any medical provider if the necessity arises.

Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AS WELL AS A CONSENT FORM AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

First name of participant	Middle initial	Last name	
rth date (month/day/year)/A	ge during activity	_ (For Minor Only)	
ddress			
ity	Province		Postal Code
as approval to participate in			
Name of Event			
rom	to		
Date		Date	
Participant's signature (If Adult Only)			Date
		Parent/guardian signature	Date

Contact and any questions:

Grassy Plains Community Hall 37267 Keefes Landing Road Burns Lake B.C V0J-1E4

	Telephone	1-250-220-6087	Fax 1	I-778-7	783-0330
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Email at-grassyplainshall@gmail.com Website-grassyplainshall.ca

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