



Please **PRINT** all information and fill out all applicable sections completely. Submit this form prior to the start of event.

Event (program) Name: _____

A. PERSONAL INFORMATION: (ensure all phone numbers can be reached during the event)

Child's Name: _____

Date of Birth: _____ Age: _____

Parent/Guardian: _____ Phone: _____

Parent/Guardian: _____ Phone: _____

Email: _____

In case of emergency, please contact: (other than parent/guardian)

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Phone: _____

Phone: _____

B. PICK UP AUTHORIZATION: (this section is only applicable for Children 0–12 years of age)

The following individuals, in addition to the parent/guardian(s) listed above, are authorized to pick up my child at the end of this class. Identification may be required.

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Phone: _____

Phone: _____

C. AUTHORIZED RELEASE: (children walking home are recommended to be minimum Grade 2 and up)

My child is permitted to leave unaccompanied at the end of their event. **Select one:** Yes No

D. PARENT/GUARDIAN CONSENT:

RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS

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

PARENT/GUARDIAN RESPONSIBILITY FOR CHILD I, the undersigned Parent/Guardian of the Child, understand and accept that, with respect to my Child's participation in the Event, it is my responsibility (1) to ensure that I consider and understand the risks, dangers, hazards and consequences of injury inherent in the Event, (2) to determine, taking into consideration those risks and my Child's behavioral characteristics, physical health and abilities, whether my Child should be allowed to participate in the Event, and (3) to provide emergency medical information regarding my Child as required in this document. I AM AWARE OF, AND FREELY ACCEPT AND ASSUME RESPONSIBILITY FOR, ALL RISKS TO MY CHILD IN CONNECTION WITH THEIR PARTICIPATION IN THE EVENT, INCLUDING AS FOLLOWS: (1) the nature of the Event is such that staff cannot identify all of the risks

associated with the Event and cannot guarantee that staff participating in the Event will not make errors in administering or supervising the Event or that other children participating in the activities will not cause injuries or harm to the Child. (2) the nature of the Event 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 Event, the Child risks being infected by a pathogen, including but not limited to SARS-COV-2.

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

- 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 CITY OF RICHMOND/ASSOCIATION/SOCIETY in connection with any loss, injury, damage or expense that I may suffer, incur or experience in connection with my Child's participation in the Event; and
- 2) I HEREBY RELEASE the CITY OF RICHMOND/ASSOCIATION/SOCIETY 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 my Child's participation in the Event; and
- 3) I AGREE TO INDEMNIFY the CITY OF RICHMOND/ASSOCIATION/SOCIETY for, and hold it harmless from, any and all losses, injuries, damages and expenses of any kind that the CITY OF RICHMOND/ASSOCIATION/SOCIETY 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 my 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 my Child's conduct in or participation in the Event.

Knowing and understanding the event, activities and risks, you freely agree to allow the participation of your child in the event. **Select one:** Yes No

E. PHOTO RELEASE:

Permission is hereby granted for the City of Richmond and/or its Community Partners to take and use photographs of the above-mentioned child for promotions and records. **Select one:** Yes No

F. RELATED INFORMATION:

Do you consent for your child to apply sunscreen (provided by home or program)** **Select one:** Yes No

To support your Child's safety and inclusion, parents/guardians are **strongly encouraged** to disclose any known **language barriers, allergies, medications, medical conditions, or support and accessibility needs (including physical, emotional, developmental, or behavioural)** that may affect participation. If allergy medication is required, an **Allergy Emergency Action Plan**** form is required. If medication must be administered, a **Permission to Administer Medication**** form is required. Failure to disclose relevant information may limit the City's ability to provide appropriate support, assess participation needs, or respond effectively in an emergency, and the City assumes no liability for any injury, damage or loss arising from undisclosed conditions.

****Note:** The responsibility for taking proper doses of medication and application of sunscreen cannot be assumed by staff and remains the sole responsibility of the participant and/or Parent/Guardian.:

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| I/we have read, understand and agree to the information in the Informed Consent and Permission Form. I/we have accurately completed the medical information and will update staff of any changes | INITIAL HERE |
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Name of Child: _____ Date: _____

Signature of Parent/Guardian: _____ Printed Name: _____

Signature of Parent/Guardian: _____ Printed Name: _____