

Release of Liability- Parental Consent

Thank you for choosing to use the facilities, services and programs of the **Nelson and District Youth Centre**. We request your understanding and cooperation in maintaining both your child's and our health and safety by reading and signing this **Parental Consent Form**.

Child's Last Name: _____

Child's First Name: _____

Child's Date of Birth: _____

Child's Home Address: _____

I consent to my child's participation for all Youth Centre activities. I am aware that there are risks associated with my child's participation at the Nelson and District Youth Centre, including the risk of injury, and I consent to have my child participate in the centre and all activities in spite of such risks. I acknowledge that I have inquired about the nature of the activity, program or service and that I am not completely familiar with and I have been informed of any inherent risks.

In the event that my child required medical attention, I consent to my child being transported to the nearest emergency center, including by ambulance if necessary, I accept that I am responsible for any such costs of an ambulance.

I further understand that personnel who may not be licensed, certified, or registered instructors or professionals conduct the activities. I accept the fact that the skills and competencies of some employees and/or volunteers will vary according to their training and experience and that no claim is made to offer assessment or treatment of any mental or physical disease or condition by those who are not duly licensed, certified or registered and herein employed to provide such professional services.

I give _____ Do not give _____ (please check one item) permission to have the City of Nelson and /or its community partners to take and use photographs of the above mentioned child for any marketing or promotional items.

Emergency Contact Name (1): _____ Phone: _____

Emergency Contact Name (2): _____ Phone: _____

I have read the Parental consent form, understand and accept its terms.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature _____

Date: _____

Witness' Signature & Printed Name _____

By signing this document, you will waive all legal rights, including the right to sue.