



**READ CAREFULLY**  
**ACKNOWLEDGEMENT OF RISK,  
 WAIVER, RELEASE & INDEMNITY**  
**Adults, 19+ years**

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

Community 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.

Activity Name:  Date:  Time:

Activity Description:   
 See attached

**AWARENESS OF RISKS**

**I AM AWARE THAT THERE ARE RISKS OF HARM IN MY PARTICIPATION IN THE ACTIVITY, INCLUDING, WITHOUT LIMITATION, RISKS OF PHYSICAL HARM AND:**

- 1) I am aware and acknowledge that the activity by its nature is such that the Community Centre cannot identify all possible risks associated with it; and
- 2) cannot guarantee or provide any assurance that Community Centre personnel involved in the activity will not make errors that might create risks of harm to me therein; or
- 3) cannot guarantee that Community Centre personnel will be able to protect me from risks associated with the activity, including, without limitation, risks created by others participating in the activity; and

**I NOW FREELY ACCEPT AND ASSUME FULL RESPONSIBILITY FOR ALL RISKS TO ME IN CONNECTION WITH MY PARTICIPATION IN THE ACTIVITY.**

**IN RETURN FOR THE COMMUNITY CENTRE ALLOWING ME TO PARTICIPATE IN THE ACTIVITY:**

- 1) **I NOW WAIVE ALL LEGAL RIGHTS TO SUE AND ANY AND ALL CLAIMS** I and my successors and assigns may have against the Community Centre in connection with any loss, injury, damage or expense of any kind that I may in any way suffer, incur or experience as a result of or in connection with my 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 any and all losses, injuries, damage or expenses I may suffer, incur or experience in connection with my 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, judgements and orders for any and all losses, injuries, damages or expenses of any kind anyone else may suffer, incur or experience in connection with my participation in the Activity.

**EMERGENCY CONTACT:**

Name:  Relation to participant:  Phone 1:  Phone 2:

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

**PERMISSION TO UTILIZE PHOTOS AND OTHER RECORDINGS:** I hereby authorize the Community Centre to photograph and/or otherwise record images and/or sounds of me participating in the Activity described above and to freely publish and otherwise make use of as it wishes, without compensation of any kind to me or anyone else, of all such recordings for purposes of documenting and/or promoting Community Centre programs and services.

Examples include: use in program brochures, photo displays, and Park Board social media such as web posting and video.

YES  NO

In signing this document, I do not rely upon any oral or written statements, promises or other communications made by the Community Centre other than as 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 ACCEPT THIS DOCUMENT.**

Signature:  Print Name:   
 Address:  City:  Postal Code:   
 Home Phone:  Work Phone:  Cell Phone:  Date:   
 Email:  Reviewed for Completeness by Staff - Initials: