



INFORMED CONSENT AGREEMENT

for participants under 19 years

Dear Registrant/ Parent/Guardian:

Thank you for choosing to use the services or programs of **Recreation Integration Victoria and/or Disabled Sailing Association of BC, Victoria Branch**. We request your understanding and cooperation in maintaining both your and our safety & health by reading and signing the following INFORMED CONSENT.

I, _____ declare that my child/ward, _____, intends to use some or all of the activities, facilities, programs and services offered by Recreation Integration Victoria, the Victoria Integration Society; the Disabled Sailing Association of BC; the Canadian Forces Sailing Association, Esquimalt Squadron; Canadian Forces Base, Esquimalt; the University of Victoria; the Municipalities of Esquimalt, Oak Bay, Saanich, the City of Victoria, the Peninsula Recreation Commission, West Shore Parks and Recreation Society; the Queen Alexandra Centre for Children's Health; the Island Health Authority; The Sam Sullivan Disability Foundation; Community Living British Columbia; the Ministry of Children and Family Development; and School Districts #61, #62, and #63 and I understand that each person (myself or child included), have different capacities for participating in such activities, facilities, programs and services. I am aware that all activities, services and programs offered are either educational, recreational, or self-directed in nature. I assume full responsibility during and after participation for my child's choices to use or apply, at their own risk, any portion of the information or instruction they receive.

I understand that part of the risk involved in undertaking any activity or program is relative to one's own state of fitness or health (physical, mental or emotional) and the awareness, care and skill with which my child conducts them self in that activity or program. I acknowledge that my child's choice to participate in any activity, service and program brings with it the assumption by me/my child of those risks or results stemming from this/these choice(s) and the fitness, health, awareness, care and skill that my child possesses and uses. In addition, I understand that my child is free to withdraw from, reduce or modify their involvement in any program activity and I realize that they should do so upon recognition of any signs of transient lightheadedness, faintness, chest discomfort, leg cramps, nausea, etc.

I further understand that the activities, services and programs offered by Recreation Integration Victoria; the Victoria Integration Society; The Disabled Sailing Association of BC; the Canadian Forces Sailing Association, Esquimalt Squadron; Canadian Forces Base Esquimalt; the University of Victoria; the Municipalities of Esquimalt, Oak Bay, Saanich, the City of Victoria, the Peninsula Recreation Commission, West Shore Parks and Recreation Society; Island Health Authority; The Sam Sullivan Disability Foundation; Queen Alexandra Centre for Children's Health; Community Living British Columbia; the Ministry of Children and Family Development; and School Districts #61, #62, and #63 are sometimes conducted by personnel who may not be licensed, certified, or registered instructors or professionals. I/my child 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.

In addition, I acknowledge that I have inquired about the nature of any activity, program or services that I am not completely familiar with and I have been informed of any inherent risks.

I declare that I have read, understood and agree to the contents of the INFORMED CONSENT AGREEMENT in its entirety.

Participant's Name (Please Print Clearly)

Program: _____

Signature of Parent or Legal Guardian

Date: _____

Witness Signature (Mandatory)

Date: _____

MEDICAL INFORMATION & RELEASE

In the case of an unforeseen medical emergency, Recreation Integration Victoria (Integrated Recreation Services/the Victoria Integration Society) / the Disabled Sailing Association of B.C., Victoria Branch needs the authority to proceed as the situation dictates. This might take the form of a call to your family doctor or a visit to the nearest medical facility.

Carefully fill out the following information ensuring it is current and accurate (print legibly please):

PARTICIPANT'S / VOLUNTEER'S NAME: _____

ADDRESS: _____

TELEPHONE: _____ **WORK:** _____

DATE OF BIRTH: _____ **WEIGHT:** _____

B.C. CARE CARD: Personal Health #: _____

FAMILY DOCTOR: _____ **PHONE:** _____

FAMILY DENTIST: _____ **PHONE:** _____

IN CASE OF EMERGENCY:

1. NAME: _____

PHONE: _____

RELATIONSHIP: _____

2. NAME: _____

PHONE: _____

RELATIONSHIP: _____

NATURE OF DISABILITY / MEDICAL / HEALTH CONCERNS (PLEASE DESCRIBE):

MEDICATIONS AND/OR ALLERGIES: (PLEASE INDICATE TIME FOR MEDICATION):

FIRST AID OR PERSONAL CARE INSTRUCTIONS:

MEDICAL RELEASE

I grant permission to Recreation Integration Victoria/the Victoria Integration Society/the Disabled Sailing Association of B.C. and/or their designates to proceed in any manner they deem necessary in the case of a medical emergency involving myself (or my child/ward). I am releasing the right for this information to be shared with volunteers, recreation staff, and/or medical staff who are in contact or responsible for my (or my child/ward's) participation in the program.

DATE: _____ **SIGNATURE:** _____

DATE: _____ **WITNESS (MANDATORY):** _____

SIGNATURE OF PARENT/GUARDIAN: _____

(if participant is under 19 years of age, or if parent/guardian has legal committeeeship or representation agreement is in place)

PHOTOGRAPH RELEASE

Recreation Integration Victoria and their designates often take photographs/videos of participants and staff while programs are operating. These pictures may be used for promotional purposes, training, and public education.

I, _____ give my permission for photographs/videos to be taken of myself / my child/ward _____ and for these photographs/videos to be used for promotional/training/education reasons.

DATE: _____ **SIGNATURE OF PARENT/GUARDIAN:** _____

DATE: _____ **WITNESS (MANDATORY):** _____