

Participation Agreement

Child's name (first and last): _____

Program Participation Consent and Assumption of Risk

I hereby acknowledge and consent to my child's participation in youth programs operated by PacificSport Vancouver Island (the "Organization"). I understand and acknowledge that participation in physical activity and sport programs involves inherent risks, including but not limited to the risk of personal injury, illness, property damage, or loss.

I voluntarily assume, on behalf of myself and my child, all such risks associated with participation, whether foreseeable or unforeseeable. To the fullest extent permitted by law, I agree that PacificSport Vancouver Island, including its directors, officers, employees, representatives, agents, contractors, and volunteers, shall not be liable for any injury, loss, damage, or expense arising out of or related to my child's participation in the programs, except where such liability cannot be excluded by law.

I acknowledge that PacificSport Vancouver Island takes reasonable steps to reduce foreseeable risks and that its staff and volunteers are appropriately trained; however, I understand that no program can eliminate all risks.

Transportation Consent

I acknowledge and consent to my child being transported between program locations by or under the supervision of PacificSport Vancouver Island when required for program delivery. I understand that reasonable and appropriate safety measures will be taken during transportation.

Where practicable, PacificSport Vancouver Island will notify me in advance of any transportation between locations, including the destination, timing, and method of transportation.

Emergency Medical Authorization

In the event of illness, injury, or medical emergency involving my child, and if I cannot be contacted in a timely manner, I hereby authorize PacificSport Vancouver Island staff to obtain or seek medical treatment deemed necessary, including contacting emergency medical services, ambulance transportation, and/or admission to a hospital.

I acknowledge and agree that all costs associated with medical treatment, transportation, or related services shall be the sole responsibility of the parent or legal guardian. This authorization shall remain in effect for the duration of my child's participation in the program unless revoked in writing.

Photo and Video Release

I acknowledge that photographs and/or video recordings may be taken during program activities. I hereby grant permission to Canadian Sport Institute Pacific and the PacificSport network of Centres to use, reproduce, and distribute images or recordings that may include my child for promotional, educational, or informational purposes, in any medium, without compensation.

I understand that consent for the use of images and recordings may be withdrawn in writing, subject to any materials already produced or distributed.

My child can have pictures and/or video taken Yes No

This waiver and all information included on the attached forms which includes medical and contact information will be valid until December 31, of each year. It is my responsibility to inform PacificSport Vancouver Island staff in writing with any changes to this information so that it may be updated on a regular basis.

Parent/Guardian's name

Parent/ Guardian's Signature

Date

Yes, I would like to receive updates on future PacificSport VI programs and activities via email.

Email: