

ACKNOWLEDGEMENT OF RISK AND RELEASE OF LIABILITY

This agreement must be completed by participants before they participate in any physical risk activities associated with Fed events. Participants under 19 years of age must also ensure this agreement is signed by their guardian.

TERMS

The Federation of BC Youth in Care Networks and its representatives (collectively referred to as “The Fed”), are not liable for any injury, loss or damage sustained by any person while participating in physical risk activities associated with Fed events.

By signing this agreement, participants agree that they:

- Willingly volunteer to join and participate in activities associated with Fed events.
- Are physically able to participate in the activities and are sufficiently prepared to participate.
- Have no health-related reasons or problems which preclude them from participating in the activities and have not been advised to not participate by a qualified medical professional.
- Are participating at their own risk, and are aware that there are inherent dangers, hazards and risks associated with physical activities that include but are not limited to: swimming, boating and outdoor games.
- Understand the Fed will not be held liable for the risk and hazards that may arise during the activities and will not provide compensation should a risk or hazard arise.
- Understand they are responsible to act in a safe and responsible fashion, including:
 - following the instructions or directions of the persons in charge of activities
 - using provided safety equipment
 - following safety regulations as directed by the persons in charge of the activities (including Fed staff, designated activity leaders and drivers of private or public transportation).
- Will not endanger the safety of others or themselves at any activities or when using private or public transportation for travel to and from such activities.
- Authorise the Fed, in the event of an accident or illness, to carry out medical treatment that may be deemed necessary, including but not limited to admission to hospital. Such action will only be

taken when immediate contact cannot be made with emergency contact. The Fed are not responsible for the cost of medical care or any other associated expenses.

If you have any questions or need more information, please contact info@fbcyicn.ca.

SIGNED

I confirm that I have read and understand this liability waiver and have completed this form voluntarily.

FIRST NAME _____ LAST NAME _____

LEGAL FIRST NAME _____ LEGAL LAST NAME _____

SIGNATURE _____ DATE (MM/DD/YYYY) _____

Guardian Consent (if individual is under 19 years)

I confirm that I have permission to agree to this liability waiver alongside the young person

GUARDIAN FIRST NAME _____ GUARDIAN LAST NAME _____

EMAIL ADDRESS _____

PHONE NUMBER _____

SIGNATURE _____ DATE (MM/DD/YYYY) _____

Purpose of the Collection of Information

We are collecting the information you entered above to document your agreement, and to contact your guardian if necessary.