City of Richmond

Informed Consent & Permission Form: Youth Fitness Centre Access

Community Services Division
6911 No. 3 Road, Richmond, BC V6Y 2C1

THIS IS AN IMPORTANT DOCUMENT. PLEASE HAVE SOMEONE TRANSLATE IT FOR YOU.
CE DOCUMENT EST IMPORTANT, VEUILLEZ LE FAIRE TRADUIRE.

這是重要的通告，希請人譯讀。
ਇਹ ਮਹੱਤਵਪੂਰਨ ਸੂਚਨਾ ਹੈ। ਕਿਰਪਾ ਕਰਕੇ ਕਿਸੇ ਤੋਂ ਇਸਦਾ ਅਨੁਵਾਦ ਕਰਾਓ।

Informed Consent Waiver, Release, and Indemnity Form

BY SIGNING THIS DOCUMENT, YOU AND YOUR CHILD'S LEGAL RIGHTS MAY BE AFFECTED.

PLEASE READ CAREFULLY!

The City of Richmond requires completion of this document by a parent or legal guardian prior to participation as a reminder and confirmation of their duty to inform themselves of the risks normal to the activity they have chosen for the youth (13–18 years) participant and of their responsibility to carefully consider those risks against their personal knowledge of the ability and experience of the youth. This is for the protection of the youth participant, other participants, and the City.

Youth may visit the city's Fitness Centres provided that:

I. they are 13 years or older. Proof of age may be required.
II. they have an active membership, visit card, or paid a single admission.
III. they have completed a PAR-Q+ prior to participation.
IV. youth 13–15 years of age must attend a mandatory Fitness Centre Orientation. Youth 16–18 years of age do not have to attend an orientation provided they have previous weight training experience.

IMPORTANT: Submit all completed forms prior to your first visit to the reception desk at the facility of your choice.

PARENT AND/OR LEGAL GUARDIAN TO INDEMNIFY AND SAVE HARMLESS:

The parent or guardian shall indemnify and save harmless, the City of Richmond, the City's Personnel and the Facility from and against any and all losses, claims, actions, damages, liability, costs or expenses, including legal fees, on an indemnity basis, claims for personal injury or death, property damage, or any other loss or damage arising out of the youth's participation in any City program or activity.

PARENT AND/OR LEGAL GUARDIAN TO RELEASE AND WAIVE CLAIMS:

That on behalf of myself, my heirs and assigns, assume full responsibility for their participation. I hereby waive any and claims against the City of Richmond, their employees and authorized agents and release and discharge them, their successors and assigns, from any and all actions, causes of action, claims and demands which may arise out of any incident, accident, or other occurrence that may result in personal or bodily injury, loss of life, property loss, or any other damages to any person.

Richmond

A. PARTICIPANT INFORMATION:

Last Name:_____ **First Name:**_____

Address:_____ Postal Code:_____

Phone:_____ Date of Birth:_____ *(dd/mm/yy)* Age:_____

PARENT OR GUARDIAN

Last Name:_____ **First Name:**_____

Phone:_____ Cell:_____

Email:_____

PARTICIPANT

Do you have previous experience strength training? ☐ Yes ☐ No

If yes, from where or with whom? (e.g. sport coach, school, personal trainer, etc.):_____

If you responded "no" to the above, please contact the facility of your choice to book an orientation prior to your first visit.

PARTICIPANT I/we have read, understand and agree to the Informed Consent and Permission Form.	INITIAL HERE
PARENT OR GUARDIAN I/we have reviewed the Informed Consent and Permission Form with my/our child and have instructed my/our child to listen to and follow the instructions provided.	INITIAL HERE

DATED THIS _____ day of _____, 20_____.

Signature of Parent/Guardian: _____

OFFICE USE – ORIENTATION COMPLETED	
Date (dd/mm/yy)**:**	**Trainer Initials:**
Entered in Xplor Recreation (dd/mm/yy)**:**	**Clerk Initials:**