



The Squamish Yacht Club and District of Squamish: PARENT Informed Consent Form

**WARNING! PLEASE READ CAREFULLY!**

I \_\_\_\_\_, (name of parent / Guardian) am authorized and request to have  
\_\_\_\_\_ (“my child”) participate in the Squamish Yacht Club’s (“SYC”) Youth Sailing Program  
 (“The Program”) Date of the Program; \_\_\_\_\_,

Date of Child’s Birth \_\_\_\_\_, Childs BC Medical number \_\_\_\_\_

**I UNDERSTAND and ACKNOWLEDGE that:**

1. My child knows how to swim. **INITIAL HERE** \_\_\_\_\_
2. The Program involves many inherent RISKS, which include but are not limited to the possibility of property damage, or physical injury such as skin abrasion, broken bones, pain, brain injury, drowning or even death. **INITIAL HERE** \_\_\_\_\_
3. The above activity requires a minimal level of physical, mental and emotional health (collectively “health”). I further understand that the probability of an injury occurring depends in part on my Child’s level of fitness and health as well as the awareness, care and skill with which my Child conducts him or herself in the program. **INITIAL HERE** \_\_\_\_\_
4. Choosing to have my Child participate in the Program brings with it the assumption by me and my Child of the above stated potential RISKS and I ASSUME FULL RESPONSIBILITY to instruct my Child about these RISKS and the choices available to him or her. **INITIAL HERE** \_\_\_\_\_
5. I am free to withdraw my Child from the Program at any time. I agree to voluntarily withdraw my Child from the Program if my Child begins to experience any signs of light-headedness, chest discomfort or other ailments affecting my Childs Health. **INITIAL HERE** \_\_\_\_\_
6. The Program is provided by personnel who are not employees of the District of Squamish. IT IS MY RESPONSIBILITY to determine whether or not I am satisfied with the qualifications of Program personnel. **INITIAL HERE** \_\_\_\_\_
7. I acknowledge that it is my responsibility to advise the Squamish Yacht Club and the District of Squamish of any medical or other conditions which may affect my child’s participation in the Program and have listed them below: **INITIAL HERE** \_\_\_\_\_

Medical Conditions (example, Asthma) \_\_\_\_\_

Medications \_\_\_\_\_

Allergies (food, med, bees, etc.) \_\_\_\_\_

Other \_\_\_\_\_

8. In the event that my child requires medical attention, I consent to my child being transported to the nearest emergency centre, including by ambulance if necessary.

INITIAL HERE \_\_\_\_\_

9. Photos and or Video of my child may be used for promotional purposes.

INITIAL HERE \_\_\_\_\_

I declare that I have read, understood and I agree to the contents of the INFORMED CONSENT form in its entirety this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

Parents Signature: \_\_\_\_\_

Parents Name (print): \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Witness Name (print) \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Phone: \_\_\_\_\_

Alternate Contact Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Phone: \_\_\_\_\_

**The Squamish Yacht Club Release of Liability, Waiver of claims, assumption of risk and indemnity agreement:**

**Please note that by signing the agreement, you give up the right to sue for any injury or damages howsoever caused.**

To: The Squamish Yacht Club and its directors, officers, employees, representatives and agents (collectively called “the Agents”)

I, \_\_\_\_\_ hereby sign this agreement on behalf of myself, my personal representatives heirs and assigns.

1. I agree as a precondition to my participation in all events organised by the Squamish Yacht Club and / or “the Agents” including, but not limited to: any activity that happens on or off the water or docks such as Sailing, Kayaking, games (collectively referred to as “the Activities”) and in further consideration of the “Squamish Yacht Club” allowing me to do so, that I will be strictly bound by the terms of this Release of Liability, Waiver of Claims, Assumption of Risk and Indemnity Agreement (“the Agreement”)
2. I acknowledge that “the Activities” **involve inherent risks and dangers that may cause serious injury and possible death to participants.**
3. I fully understand that the risks and dangers associated with my participation in “the Activates” and **accept same entirely at my own risk.**
4. I hereby **waive any and all claims** which I may have against “The Squamish Yacht Club” and “the Agents” and release “the Squamish Yacht Club” from **all liability** for injury, death, property damage, or any other loss sustained by me as a result of my participation in “the Activities”, **due to any cause whatsoever; including negligence, breach of contract, or breach of any statutory or other duty of care** by “The Squamish Yacht Club” and or “the agents”.
5. I appreciate that “the Agreement” limits the liability of “the Agents” to the same extent as it limits the liability of “The Squamish Yacht Club”, even though “The Agents” are not formal parties to “The Agreement”

**I AM 19 YEARS OLD OR OLDER AND I HAVE READ AND UNDERSTAND “THE AGREEMENT” AND I UNDERSTAND THAT THIS DOCUMENT CONTAINS A PROMISE NOT TO SUE “THE SQUAMISH YACHT CLUB” AND/OR “THE AGENTS” AND THAT IT CONTAINS A RELEASE OF LIABILITY AND AN INDEMNITY FOR ALL CLAIMS.**

Signature and of Participant: \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Witness Name: \_\_\_\_\_

**IF I AM THE PARENT AND OR/LEGAL GUARDIAN OF THE PARTICIPANT, I HAVE READ AND UNDERSTAND AND AGREE TO ESECUTE "THE AGREEMENT" ON BEHALF OF CHILD/WARD, I HERBY AGREE TO INDEMMIFY AND SAVE HARMLESS THE SQUAMSH YACHT CLUB AND AGENTS FOR ANY AND ALL CLAIMS BY OR ON BEHALF OF OUR SIAD CHILD IN RESPECT OF, OR ARISING OUT OF, ANY NEGLEGENGE, BREACH OF CONTRACT, BREACH OF STATURORY DUTY OR CARE AS IT RELATES TO ALL THE EVENTS ORGANIZED BY THE SQUAMISH YACHT CLUB AND/OR "THE AGENTS"**

Signature of parent/guardian: \_\_\_\_\_ Print name: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Witness Name: \_\_\_\_\_