



Release of Liability - Client Consent

I, _____ (Parent/Guardian) of _____ (Child)

consent to have my child receive services from the Boys and Girls Club of Wetaskiwin voluntarily and without coercion or undue influence. I understand that consent may be withheld, given or revoked by the client or guardian at any time. This consent will remain in effect for the duration of the service (Sept.1/09-Aug.31/10). I understand and agree to receive the services as outlined in the Boys and Girls Club Program Summary.

Programming activities such as recreational activities and outings involve certain elements of risk. Injuries may occur while participating in these activities. Drop In Program staff and volunteers are not responsible for when a child arrives or departs from Drop In Programs. The following list includes, but is not limited to examples of the types of injury, which may result from participating in the above-mentioned activities.

1. Traffic Accident on the van or bus while being transported to and from activities.
2. Youth tripping, falling or injuring themselves while participating in programs.
3. Food allergy/choking while eating snack or lunch
4. A drowning while participating in a swimming activity.

The risk of sustaining these types of injuries result from the nature of the activity and can occur without fault of either the participant, or the Boys and Girls Club, its employees/agents or the facility where the activity is taking place. By choosing to take part in the Boys and Girls Club programs, you are accepting risk that you /your child may be injured. The chance of an injury occurring can be reduced by carefully following instructions at all times while engaged in program activities.

ACKNOWLEDGEMENT

The above name child has my permission to become a member of the Boys and Girls Club of Wetaskiwin. I waive my legal rights against the Boys and Girls Club of Wetaskiwin for any loss, injury or damage suffered during or by reason of participating in **all events, programs and activities scheduled within the county of Wetaskiwin**. I authorize the application of emergency medical attention and undertake to be responsible for any hospitalization, medical expenses and ambulance expenses.

INFORMED CONSENT

I have been informed of and received a copy of the Grievance Policy and Behaviour Management Policy. I understand that if my child discloses an intention to harm themselves or others, provide a disclosure of abuse or if a client's file is subpoenaed by a court of law, the employee, service provider or volunteer must, by law, report this information to the appropriate authorities. I understand my child's rights as a member of the Boys and Girls Club of Wetaskiwin. By signing below, consent is given to implement the behaviour management practices.

I give permission to display any artwork, photos, and/or video recordings of the above named child by the Boys and Girls Club of Wetaskiwin.

YES NO

LATE PICK-UP POLICY: The Boys and Girls Club of Wetaskiwin is unable to offer childcare outside of program hours. For participants picked up outside of program hours a fee of \$5.00 per 15 minutes or part thereof will be charged.

* I have read the above policy and understand what it means. INITIALS _____

I am aware that the Boys and Girls Club of Wetaskiwin may share information regarding my child's membership with the Boys and Girls Clubs of Alberta, Boys and Girls Clubs of Canada and funding agencies of the Boys and Girls Club of Wetaskiwin, if required.

Parent/Guardian Signature: _____ Date: _____

Staff Signature: _____ Date: _____

