

# ACTIVITY WAIVER 2022

PARTICIPANTS 0 – 14 YEARS OF AGE

## INFORMED CONSENT AGREEMENT CITY OF MAPLE RIDGE - Children's Recreation Programs

We, the undersigned hereby acknowledge that certain risks of injury are inherent to participation in sports and recreational activities (skateboarding/scooter/recreational activities). These types of injuries may be minor or serious and may result from one's actions, or the actions or inactions of others, or a combination of both.

I/we understand that **RULES AND REGULATIONS** are designed for the safety and protection of participants and hereby undertake to abide by these rules and regulations as listed and or as dictated by Parks, Recreation and Culture staff.

### RULES AND REGULATIONS:

1. Helmets must be worn while skateboarding/scooter or using skate equipment.
2. No unsafe or reckless skating allowed.
3. Participants will obey the instructions of the Parks, Recreation and Culture staff.
4. All our programs are free from nicotine, alcohol & other drugs.

I/we understand certain activities require a minimum level of fitness and health (physical, mental and emotional) and that each person has a different capacity for participating in these activities.

I/we agree **THE CITY OF MAPLE RIDGE** or its employees, servants or agents shall not be liable for any injury to my person or loss or damage to my personal property arising from, or in any way resulting from, my participation in these activities, unless such injury, loss or damage is caused by sole negligence of the City of Maple Ridge, its employees, servants or agents while acting within the scope of their duties.

I/we the undersigned parent, guardian, do hereby agree to allow individual named herein to be photographed/videotaped and to be used solely for the purposes of Maple Ridge Parks, Recreation and Culture.

I/we declare having read and understood the above informed consent agreement in its entirety and hereby consent to participate acknowledging all of the foregoing.

PARTICIPANT NAME (FIRST AND LAST): \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

PARTICIPANT AGE: \_\_\_\_\_ PARTICIPANT BIRTHDATE (MM/DD/YEAR): \_\_\_\_\_

SIGNATURE OF LEGAL PARENT OR GUARDIAN: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ DATE (MM/DD/YEAR): \_\_\_\_\_