



City of Spruce Grove  
Informed Consent Agreement  
Summer in the City 2019

**IMPORTANT:** *This agreement must be completed in full, signed, dated, witnessed and submitted to the City of Spruce Grove Recreation Services, 2<sup>nd</sup> Floor, Border Paving Athletic Centre, 9 Tri Leisure Way, Spruce Grove in order to participate in the program.*

As a parent or guardian of \_\_\_\_\_ (“the Child”) participating in Summer in the City – Week-long Adventure Camp (the Program) conducted by or through the City of Spruce Grove, I am aware that there are certain risks associated with the child’s participation in some of the events conducted in conjunction with the Program. These risks include and are not limited to the following:

- allergic reaction to food, plants, chemicals and animal life;
- medical problems arising before, during or after participation in the Program;
- all manner of muscular injuries, bruises, scrapes, cuts, sprains, dislocations, broken bones, and head, facial or dental injuries, or burns, which might result from participating in the program;
- injuries or death resulting from travel by public or private motor vehicle to and from the locations of activities;
- sun or wind burns, heat stroke, sunstroke, or hypothermia which may result from extreme changes in weather or temperatures.

As a parent or guardian of the Child registered in the Program, I understand and agree that:

1. It is my responsibility to drop off and pick up the Child at the location designated and at the time designated.
2. I will provide written authorization when it becomes necessary for my child to be picked up by and alternate.
3. The Child will be subject to a Code of Conduct established by the City of Spruce Grove. If the Code of Conduct is not followed by the Child, the Child may lose privileges or I may be required to pick up the Child immediately.
4. I will ensure that the Child attends the program or event with the specified clothing and equipment.
5. I am satisfied and believe the Child is physically, emotionally and mentally able to participate fully in the Program.
6. Should a medical emergency arise, the City may secure such medical advice and services as it, in its sole discretion, may deem necessary for the Child’s health and safety and I shall be financially responsible for such advice and services.

I, as the parent/guardian of \_\_\_\_\_, (enter name of child) acknowledge and represent that I am authorized to execute this consent and release on behalf of both parents/guardians of the Child, (“the Releasor”).

I HEREBY RELEASE the City of Spruce Grove, its agents, officials, directors, employees, volunteers, contractors, servants or representatives (hereinafter referred to as “the City of Spruce Grove”) from all responsibility for any death, injury, loss or

damage of any kind suffered by the Child while participating in the Program, unless such injury, loss or damage is caused by the negligence of the City of Spruce Grove.

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THIS CONSENT AND RELEASE and that I understand, appreciate and freely and voluntarily accept the risks associated with my child's participation in the program or event and accept the terms and conditions contained in this Consent and Release.

**MODEL RELEASE**

I hereby grant \_\_\_\_\_/ I hereby do not grant \_\_\_\_\_/ (place a check mark in the appropriate area) the City of Spruce Grove, including its employees, agents, assigns or other third party as the City may authorize, the nonexclusive rights to photograph or make audio-visual recordings of me or the child identified on this form.

I hereby assign to the City of Spruce Grove the rights to produce, reproduce, publish, broadcast, communicate, exhibit, distribute, adapt or otherwise reuse photographs, video recordings, likenesses, voices in any and all media including, but not limited to, printed materials, advertising, websites, digital and social medias. Use shall be at the sole discretion of the City of Spruce Grove.

SIGNED THIS \_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ at SPRUCE GROVE, ALBERTA.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Printed Name of Witness

**FUTURE PROGRAM INFORMATION**

I hereby grant \_\_\_\_\_/ I hereby do not grant \_\_\_\_\_/ (place a check mark in the appropriate area) the City of Spruce Grove, including its employees, the right to email me information regarding upcoming events or programs at the following email address.

\_\_\_\_\_  
Print email address

This information is being collected under the authority of section 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act. It will be used to administer the City of Spruce Recreation Programs. The personal information provided will be protected in accordance with Part 2 of the Act. If you have any questions regarding the collection, use and disclosure of personal information, please contact the FOIP Coordinator at 780-962-2611.