

Town of Cochrane
INFORMED CONSENT

This personal information is being collected under the authority of the Town of Cochrane and will be used to ensure parents, guardians and participants are informed of potential dangers of this activity. It is protected by the privacy provisions of the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection contact the Aquatic Facility Manager.

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

ADDRESS: _____,

resident of Cochrane, MD of Rockyview, Calgary or Other (please specify) _____

authorize and request to have _____ ("my Child") participate in the Comets Winter

Swimming Program (the "Program"), at the BIG HILL LEISURE POOL, which I understand may involve the

following activity or activities: swimming, diving, turns, jumping, dryland instruction.

I AM AWARE AND ACKNOWLEDGE that the Program involves many inherent **RISKS**, which Risks include but are not limited to the possibility of personal injury such as skin abrasions, nerve, bone, spinal cord and neck damage, pain, paralysis, brain injuries or even death, property damage and property loss.

I UNDERSTAND that the above activities require a minimum level of fitness and physical, mental and emotional health (collectively "health"). I further understand that the probability of the Risks occurring depends in part on my Child's level of fitness and health as well as on the awareness, care and skill with which my Child conducts him or herself in the Program.

I WARRANT that my Child is physically, mentally and emotionally fit to participate in the Program.

I UNDERSTAND that in choosing to have my Child participate brings with it the assumption of the Risks and **I ASSUME FULL RESPONSIBILITY** to instruct my Child about the Risks and the choices available to him or her relative to those Risks.

I UNDERSTAND AND AGREE AND ACKNOWLEDGE that by choosing to have my Child participate in the Program brings with it the assumption by me and by my Child of the Risks. In addition, I understand that I can withdraw my Child from the Program at any time (subject to the refund/transfer policies in effect). In any case, I agree to withdraw my Child from the Program immediately if my Child begins to experience any signs of transient lightheadedness, fainting, chest discomfort, leg cramps, nausea or other similar ailments. Further, I acknowledge that the Town of Cochrane personnel are not responsible for administering medication to my Child (or for providing any medical treatment other than First Aid emergency response). If my Child takes medication it is my responsibility to see that he or she does so.

I FURTHER UNDERSTAND that the Program is conducted by personnel whose skills and competencies vary according to their training and experience. **IT IS MY RESPONSIBILITY** to determine whether or not I am satisfied with the qualifications of the Program personnel, and I understand the Town assumes no responsibility for the skill or competence of such personnel.

I declare that I have read, understood and agree to the contents of the **INFORMED CONSENT** form in its entirety.

Parent/Guardian

Witness

Date

Date