

WINTERFEST 2010

INFORMED CONSENT/PERMISSION FORM FOR WINTERFEST PARTICIPANTS

(Under 18 years of age)

THIS FORM MUST BE READ AND SIGNED BY EVERY MINOR (17 years of age and younger) WHO WISHES TO PARTICIPATE AND BY A PARENT OR GUADIAN OF A PARTICIPANT.

ELEMENTS OF RISK:

The **WINTERFEST** Community Challenge events involve certain elements of risk. Injuries may occur while participating in these activities. The following list includes, but is not limited to, examples of the types of injury which may result from participating in the **WINTERFEST** Community Challenge.

1. Sprains, strains or broken bones
2. Frostbite
3. Cuts and bruises

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 organizing committee, its' members/volunteers or the facility where the activity is taking place. By choosing to take part in this activity, you are accepting the 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 the activity.

If you choose to participate in the **WINTERFEST** Community Challenge on February 26th and 27th 2010, you must understand that you bear the responsibility for any injury that may occur.

The Town of High Level does not provide accidental death, disability or dismemberment or medical expense insurance on behalf of the participants of this event.

PHOTO RELEASE

Yes No

I give permission to have my child's picture taken while at program. I understand that these pictures may be published in the Echo, the Winterfest Slideshow and/or any other advertising publications throughout the year. I also understand that my child's name may be attached to these pictures.

MEDICAL CONCERNS

Please list any medical concerns and or allergies that our volunteer staff should know about:

ACKNOWLEDGEMENT

WE HAVE READ THE ABOVE. WE UNDERSTAND THAT BY PARTICIPATING IN THE **WINTERFEST** COMMUNITY CHALLENGE, WE ARE ASSUMING THE RISKS ASSOCIATED WITH DOING SO.

Participant Name: _____ Team Name: _____

Signature of Participant _____ Date: _____

Signature of Parent/Guardian _____ Date: _____

PERMISSION

I give _____ permission to participate in the **WINTERFEST** Community Challenge
(*name of participant*)
to be held on February 26th and 27th, 2010.

Signature of Parent/Guardian _____ Date: _____