

WINTERFEST 2010

INFORMED CONSENT/PERMISSION FORM FOR WINTERFEST PARTICIPANTS

THIS FORM MUST BE READ AND SIGNED BY EVERY WINTERFEST COMMUNITY CHALLENGE 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 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 picture taken while at program. I understand that these pictures may be published in the Echo, used in Winterfest Slideshow, and/or other advertising publications throughout the year. I also understand that my 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 ON FEBRUARY 26th and 27th 2010 I AM ASSUMING THE RISKS ASSOCIATED WITH DOING SO.

Participant Name: _____

Team Name: _____

Signature of Participant: _____

Date: _____