



**TOWN OF IRRICANA
IRRICANA RECREATION CENTRE
CONSENT AGREEMENT**

222 2 Street, Irricana, AB T0M 1B0
Phone: 403-935-7672 Fax: 403-935-4270

Participant Name(s) **Age** **Program** **Membership Type (Drop-in, Annual, 5 Class Pass, Tournament, Program)**

1) _____

2) _____

3) _____

Mailing Address: _____

Street Address: _____

Phone: (Day) _____ **(Evening)** _____

RISK

I, the undersigned understand and acknowledge that participation in Irricana Recreation Centre Programs might result in personal injury, property damage or loss, and possible death. I fully understand these risks and hereby agree to participate in the sports and recreation programs of the Irricana Recreation Centre voluntarily and at my own risk.

RULES

I understand that the rules and regulations are designed for the safety and protection of participants and hereby agree to abide by the rules and regulations set down by the Irricana Recreation Centre.

LIABILITY

In consideration of acceptance of my participation in the Irricana Recreation Centre sports/recreation programs, I agree that the Town of Irricana or its volunteers, sponsors or employees shall not be liable for any personal injury, property damage, or loss arising from or in any way resulting from, my participation unless such injury, loss or damage is caused by the negligence of the Town of Irricana or its volunteers, sponsors, employees or agents while acting within the scope of their duties. In addition, permission is granted to administer any medical treatment that may be required

THIS SECTION MUST BE COMPLETE FOR EACH PARTICIPANT

For each Participant, under the age of 18 years, the following MUST be completed by his/her parent or guardian:

I, as the parent/guardian of the participant name herein, hereby declare that I have read, understood and agreed to the contents of this Informed Consent Form in its entirety.

I as the parent/guardian of the participant(s) named herein hereby agree to assume full responsibility to instruct my child(ren) of the risks involved, and to inform him/her of the importance of abiding by the rules and regulations.

Signed this _____ day of _____, 2_____.

Signature of Parent/Guardian

**Town of Irricana Community Services/Recreation
222 2 Street Irricana, AB T0M 1B0 Phone (403) 935-4672**

This personal information is being collected under the authority of the Municipal Government Act for the purpose of establishing a record of use and residency. It is protected under the privacy provisions of the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection, please contact the Town of Irricana Freedom of Information and Protection of Privacy Act Coordinator at (403) 935-4672 ext 101