



## INFORMED CONSENT

**\*\*\* Please Read Carefully \*\*\***

**(For Parents or Legal Guardians, to understand and sign, of participants under 19 years of age)**

*This is not a waiver of legal rights.*

I, \_\_\_\_\_, (name of Parent/Guardian) am authorizing and request to have, \_\_\_\_\_ (my child) participate in using District of Lillooet's Boulderling Gym and any applicable programs that take place in relation to the sport of indoor climbing (herein referred to as 'the program').

**I AM AWARE AND ACKNOWLEDGE** that participating in the program involves many **RISKS**, which include but are not limited to the possibility of property damage, or physical injury such as skin abrasion, nerve damage, spinal cord damage, neck injury, sprains, broken bones, brain damage, pain, paralysis, or even death.

**I UNDERSTAND** that indoor climbing requires a minimum of level of physical, mental, and emotional health (collectively 'health'). I further understand that the probability of an injury occurring depends in part on my Child's level of fitness and health as well as on the awareness, care and skill 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, AGREE AND ACKNOWLEDGE** that:

- a) Choosing to have my child to participate in the program brings with it the assumption by me and by my Child of the above stated potential **RISKS** and **I ASSUME FULL RESPONSIBILITY** to instruct my Child about these **RISKS** and the choices available to him or her.
- b) I am free to withdraw my Child from the program at any time. I agree to voluntarily withdraw my Child from the program if my Child begins to experience any signs of lightheadedness, fainting, chest discomfort, muscle cramps, nausea or other ailments affecting my Child's health.

- c) The program is provided by personnel who may or may not be employed by the District of Lillooet, and that these personnel have skills and competencies that 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, how the program is monitored and I understand the District of Lillooet assumes no responsibility for the skill or competence of such personnel, nor the safety of the equipment used for the delivery of the program.

**By signing this document you will be acknowledging that you have been informed about the activity and the potential for an accidental injury to occur to your child. Furthermore, you acknowledge that all falls sustained while climbing in the bouldering gym are falls to the ground, injury is likely if the climber does not follow the rules of the bouldering gym and do not practice the skills learned through the bouldering gym orientation. Even by following facility rules and adhering to the facility orientation, injury and or death of my Child is still possible by participating in the sport of indoor rock climbing.**

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

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Parent/Legal Guardian Printed Name

\_\_\_\_\_  
Witness (Facility Staff) Printed Name

\_\_\_\_\_  
Parent/Legal Guardian Signature

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

\_\_\_\_\_  
Date