

PLEASE READ CAREFULLY

**IINNISFAIL DOLPHIN SWIM CLUB
INFORMED CONSENT AGREEMENT
ASSUMPTION OF RISKS AND INDEMNITY**

Initial

RISK

I, the undersigned, understand and acknowledge that participation in the _____ ('the Program') may result in personal injury, property damage or loss and possible death. I fully understand the inherent risks and hereby agree to participate voluntarily and at my own risk.

RULES

I understand that the Rules and Regulations are designed for safety and protection of participants and hereby agree to abide by the rules and regulations as set down by the Program and the Town of Innisfail.

LIABILITY - TO WAIVE ANY AND ALL CLAIMS
In consideration of acceptance of my participation in the Program, I agree that the Town of Innisfail and the Program or their volunteers, sponsors or employees shall not be liable for any personal injury, death, property damage or any other loss arising from or in any way resulting from my participation in the Program and I will indemnify and save harmless the Town and the Program from any such claims.

THE APPROPRIATE SIGNATURE SECTION MUST BE COMPLETED FOR EACH PARTICIPANT

Each participant must complete the following. Please check the appropriate space:

I confirm that I am _____ under the age of 18 years.
_____ of the full age of 18 years, have read and understood and agree to the contents of this Informed Consent Form in its entirety.

Signature of Participant

Signature of Witness

Print Name of Participant

Print Name of Witness

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 named herein, hereby declare that I have read, understood and agreed to the contents of this Informed Consent Form in its entirety and I hereby waive any and all claims arising from my child's participation in the Program.

I, as the Parent / Guardian of the participant named herein, hereby agree to assume full responsibility to instruct my child of the risks involved, and to inform him / her of the importance of abiding by the rules and regulations.

Signed this _____ day of _____, _____ at Innisfail, Alberta.

Signature of Parent / Guardian

Print Name of Parent / Guardian