



Park Services
1359 KLO Road
Kelowna, BC V1W 3N8
250 469-8503
kelowna.ca

Adopt-a-Stream & Yellow Fish Road Group Informed Consent

(For participants 18yrs or older)

INFORMED CONSENT, RISK ACKNOWLEDGEMENT & INDEMNITY AGREEMENT

By signing this document, you indicate that you understand the risks associated with this activity and that by participating in this activity you are exposing yourself to the risks identified below. You are agreeing to assume financial responsibility for any medical assistance for yourself and/or damage to third persons or their property you may cause.

Please read the following carefully. This consent form covers the time period from January 1, 2021 through to December 31, 2021

PARTICIPANT DETAILS

Group Name:

Group leader:

Address:

Phone:

Email:

CONSENT

1. I am aware that by participating in the following activities that I will be exposed to the following inherent risks, including but not limited to:

GENERAL:

- theft, vandalism or loss of personal property;
- motor vehicle or traffic accidents;
- any manner of injury resulting from use, misuse, non-use and failure of any equipment;
- inherent hazards which may exist from handling garbage. Participants are NOT to pick up any SHARPS including broken glass, wood, needles, metal, or large/heavy items. Please identify the location of these items and notify the City of Kelowna.

OUTDOOR ACTIVITY:

- terrain: any manner of injury resulting from falls on steep, icy, slippery or uneven terrain or from impact or contact with trees, rocks, obstructions or other people or participants, visible or non-visible;
- weather: any injury or illness resulting from exposure to cold, wet or windy weather, or the effects of heat and strong sunlight;
- remoteness: a) the possibility of becoming lost or separated from guides or companions b) the inability to access rescue and medical help in the event of an accident. Communication in remote areas may be difficult or impossible and may limit access to medical help in an emergency;
- animals: injuries from contact with aggressive or curious animals including bears, dogs or other carnivores, rodents, snakes, birds, wood ticks, insects, spiders, elk and other large animals, as well as other animals; and
- other outdoor risks: injuries or death from falling rocks or trees limbs, floods, mud slides, lightning, fast flowing water / strong currents, sharp objects, etc.

I have reviewed the risks associated with this activity and understand them.
(Initial beside signature that you have read section 1)

2. The City of Kelowna and/or the organization that I am working on behalf of may secure such medical advice and services as it, in its sole discretion, may deem necessary for my health and safety and I shall be financially responsible for such advice and services.
3. I understand that it is my responsibility to abide by the rules and regulations imposed on the participants by the Group Leader.
4. I understand that the City and/or organization accepts no responsibility for any incidents occurring out of the use or misuse of program equipment.

(Initial beside signature that you have read section 4)

PHOTOGRAPH / VIDEO RELEASE:

5. I hereby give my permission for myself/my child/children to be photographed and/or video recorded. I am aware the images may be used for City of Kelowna or Regional Services purposes on the website, in brochures and other publications, to promote awareness of City or Regional programs and services.

(Initial beside signature that you have read section 5)

Personal information on this form is collected under the authority of the Municipal Act, R.S.B.C. 1996, c323 and the Freedom of Information and Protection of Privacy Act, R.S.B.C. 1996, c165. Questions about the collection of this information are to be directed to the Communications Manager, City of Kelowna, 1435 Water Street, Kelowna, BC, V1Y 1J4, 250-469-8663.

I agree to HOLD HARMLESS AND INDEMNIFY the City of Kelowna and the organization that I represent from any and all liability for any damage to the property of, or personal injury to, any third party resulting from my participation in this activity.

I HAVE READ AND UNDERSTOOD THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM ACCEPTING FINANCIAL RESPONSIBILITY FOR ANY MEDICAL ASSISTANCE THE CITY OF KELOWNA AND/OR ORGANIZATION THAT I REPRESENT MAY DEEM NECESSARY FOR MY HEALTH AND SAFETY AND ALSO FOR ANY DAMAGE TO THIRD PERSONS OR THEIR PROPERTY THAT I MAY CAUSE.

Signed this _____ day of _____, 2021

Participant Name:	Signature:	Initial here that you have read paragraph 1, 4 & 5

