



Town of Arnprior  
Hereinafter referred to as the "Municipality"  
INFORMED CONSENT

**THIS FORM MUST BE READ AND SIGNED ON BEHALF OF EVERY INDIVIDUAL UNDER THE AGE OF 18 WHO WISHES TO PARTICIPATE BY A PARENT OR GUARDIAN OF A PARTICIPANT.**

In consideration of my child/children volunteering on behalf of the "Municipality" I hereby acknowledge and agree to the following:

**ELEMENTS OF RISK:**

I acknowledge that my participation as a volunteer involves certain elements of risk, including but not limited to cuts, abrasions, sprains, fractures, spinal injury, brain injury or even death. The risk of sustaining injury can result from the nature of the activity itself, natural and manmade, climatic conditions, the actions of third parties and the participant's own physical condition and actions.

The risk of sustaining these types of injuries can result from the nature of the activity and can occur without any fault of the volunteer, or the "Municipality", its employees, agents, council members, or the facility where the activity is taking place. By choosing to volunteer 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.

By choosing to allow my child/children to participate, I HEREBY AGREE to do so at my own risk and understand that I do not have access to Municipal Health Benefits or WSIB.

If you choose to participate as a volunteer on behalf of the "Municipality" you must understand that you bear the responsibility for any injury that might occur.

**ACKNOWLEDGEMENT**

**WE HAVE READ THE ABOVE. WE UNDERSTAND THAT IN PARTICIPATING IN THE ACTIVITY DESCRIBED ABOVE, WE ARE ASSUMING THE RISKS ASSOCIATED WITH DOING SO.**

Signature of Volunteer \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

**PERMISSION**

I hereby give \_\_\_\_\_ (name of volunteer) permission to participate in

\_\_\_\_\_ (description of activity)

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_