

INFORMED CONSENT FORM
41th Annual Running Room Indoor Games



I, _____, am aware that there are risks associated with my child,
Name of Parent/Guardian
_____, participating in the 41th Annual Running Room Indoor Games.
Name of Child

Disclaimer Clause

I understand that Running Room Canada Inc. and its associated entities (including officers, directors, employees, instructors, and volunteers), and program supporters are not responsible for any injury, loss or damage of any kind sustained by participants during the program or after the program day has ended, except to the extent that such injury, loss or damage was caused by the sole negligence of Running Room Canada Inc. staff or volunteers.

Assumption of Risks

In consideration of my child's participation in the above noted program and all related activities, I and my child acknowledge that we are aware of, appreciate and accept the inherent physical risks and the other possible RISKS, DANGERS, AND HAZARDS associated with being a participant, including the **possible risk of severe or fatal injury** to my child or others. These risks **include but are not limited to:**

- i. all manner of injuries resulting from physical activities and physical objects such as but not limited to falling, contact with other persons or objects, effects of weather, traffic, and course conditions;
- ii. transmission of diseases in various ways and types from contact with other participants resulting in death, disease or other illnesses;
- iii. all manner of injuries and/or death that may result from transition between facilities; and
- iv. allergic reactions to food, plants, soils and animal life

Acknowledgement of Responsibilities

The parent/guardian and the participant understand and acknowledge the following:

- i. **TO FOLLOW** all the instructions and rules given by those responsible for or in charge of the above noted program and all related activities while my child is a participant and participating in the above noted program. I understand and accept that the instructions and rules are in place to provide a safe environment for the entire program; and
- ii. **TO OBEY** all the rules and regulations pertaining to the above noted program and all related activities.

Condition of Registration

The parent/guardian and the participant understand and acknowledge the following:

- i. That the participant sees a licensed medical practitioner on a regular basis and to the best of my/our knowledge is physically and mentally able to participate in all activities of this program.
- ii. That the participant will wear full protective equipment demanded by the activities or experiment; and
- iii. Should the participant be injured during the program I/we give permission for program staff to provide emergency medical treatment.

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THIS AGREEMENT and that I understand, appreciate and accept the risks associated with my child's participation in the above noted program and all related activities at the Running Room Indoor Games. As the parent/guardian for the participant, I consent for my child's participation in the above noted program and all related activities.

Date signed: _____ Name of Participant: _____

Name of Parent/Guardian: _____ Signature of Parent/Guardian: _____

Contact Phone Number: _____ Name of School: _____