

The City of Yellowknife

Informed Consent

I _____ participant in the City of Yellowknife's
_____ Program (the "Program")

I AM AWARE AND ACKNOWLEDGE that the Program involves many inherent RISKS, which Risks include but are not limited to the possibility of personal injury such as skin abrasions, nerve, bone, spinal cord and neck damage, pain, paralysis, brain injuries or even death, property damage or property loss.

I UNDERSTAND that the above activities require a minimum level of fitness and physical, mental, and emotional health (collectively "health"). I further understand that the probability of the Risks occurring depends in part on my level of fitness and health as well as on that awareness, care and skill in which I conduct myself in the program.

I WARRANT that I am physically, mentally and emotionally fit to participate in the Program.

I UNDERSTAND AGREE AND ACKNOWLEDGE that:

- a. By choosing to participate in the Program brings with it the assumption by me of the risk and I ASSUME FULL RESPONSIBILITY.
- b. I am free to withdraw from the Program at any time up to the mid point of the Program. I agree to withdraw from the Program immediately if I experience any signs of transient lightheadedness, fainting, chest discomfort, leg cramps, nausea, or other similar ailments.
- c. The City of Yellowknife is not responsible for administering medication or for providing any medical treatment on an emergency basis or any other.
- d. The Program may be conducted by personnel whose skills and competencies vary according to their training and experience and that the Program may be provided by persons who are not employed by the City. IT IS MY RESPONSIBILITY to determine whether or not I am satisfied with the qualifications of the program personnel and I understand the City assumes no responsibility for the skills or competence of such personnel.
- e. The City of Yellowknife reserves the right to photograph program participants and publish them in our publications and on our website.

I declare that I have read, understood and agree to the contents of the Informed Consent form in its entirety this _____ day of _____ 20_____.

Participant

Witness

Community Services Department
City of Yellowknife
Box 580
Yellowknife, NT
X1A 2N4
Fax: (867) 920-5668