

# Informed Consent Form

---

Town / Municipality: Grandview Municipality, Grandview Kinsmen, Grandview & District Recreation Commission

Name of Facility: \_\_\_\_\_

Description of Activity: \_\_\_\_\_

Date(s) of Activity: August 9th ,2024, to August 11th , 2024

**THIS FORM MUST BE READ AND SIGNED BY ALL WHO WISH TO PARTICIPATE.**

Recreational activity programs, such as the use of exercise equipment involve certain elements of risk. Injuries may occur while participating in these activities. Following are examples of the types of injury which may result from participating in the above activity. There may also be risk of other types of injury.

1. Scrapes, cuts, bruises
2. Strains, sprains, pulled muscles or ligaments
3. Possible fractured or broken bones (such as arms, legs, hips)

The risk of sustaining injuries can occur without fault of either the child, or the Municipality, its employees, agents or the fitness facility. By choosing to have your child take part in this activity, you are accepting the risk that your child may be injured. If you choose to have your child participate in the above described activity, you must understand that you bear the responsibility for any injury that might occur. The Municipality does not provide accidental death, disability, dismemberment or medical expense insurance on behalf of the children participating in this activity.

**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.**

Name of Child: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

Date: \_\_\_\_\_

Permission: I give \_\_\_\_\_ permission to participate in \_\_\_\_\_  
from August 9th , 2024 to August 11th, 2024

Name of Parent / Guardian (print): \_\_\_\_\_

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