

Junior Informed Consent Form (Age 18 years and under)

Name of Minor Child: _____

TO: CANADIAN INTERNATIONAL DRAGON BOAT FESTIVAL SOCIETY (hereinafter referred to as the "OPERATOR")

In this agreement:

1. The terms "paddling activities" or "programs" shall include all activities, events or services provided, arranged, organized, sponsored or authorized by the Operator with respect to the Concord Pacific Vancouver Dragon Boat Festival, Steveston Dragon Boat Festival, Richmond Dragon Boat Club, Dragon Zone Paddling Club and Creekside Kayaks, including, but not limited to: regattas, competitions, races, demonstrations, practices, paddling orientation and instruction sessions, and other such activities, events and services in any way connected with the above events, and:
2. The term "Operator" shall include the Canadian International Dragon Boat Festival Society, Dragon Zone Paddling Club, City of Vancouver, City of New Westminster, City of Richmond, Vancouver Board of Parks and Recreation, Britannia Heritage Shipyard Society, Concord Pacific Developments Ltd., all event sponsors, official sponsors, official suppliers, volunteers, staff and all of their respective directors, officers, employees, volunteers, agents, representatives, successors and assigns.
3. The term "Participant" refers to my minor child.

ACKNOWLEDGEMENT AND ACCEPTANCE OF RISK, AND CONSENT

I have reviewed the description of the Dragon Zone and / or Canadian International Dragon Boat Festival Society and / or Steveston Dragon Boat Festival and / or Creekside Kayaks services and feel that I have sufficiently informed myself about the nature of the paddling activities involved. I acknowledge that there are risks, dangers, and hazards associated with my child's participation in the program including, but not limited to: impact and collision with other participants, instructors, or spectators; changes in the type of surface and the condition of each surface, including the docks, floats, multipurpose spaces, shower facilities and change rooms; adverse weather conditions; loss of balance; failure to participate safely within one's own ability; theft; consumption of food and drink, whether made by professionals or by non-professionals; and negligence of other participants or program staff. I also give permission for program staff or volunteer members to administer first aid treatment to my child. Participants are expected to be respectful and considerate towards other participants, program staff including all instructors and volunteers, and external partner organization individuals. Participants are expected and required to follow the directions of all instructors, to stay in close proximity to the program staff during the program and not leave without consent and informing staff or instructors. If there is a breach of these rules, staff will discuss the issue with the participant and/or their parents or guardian. In the event that there is a continuous breach of these rules, the Society may require the participant to withdraw from the remainder of the program, without reimbursement of some or all fees. I confirm that I have discussed these rules and expectations with my child. I hereby consent to my child's participation in the program on the terms and conditions set out above by signing below.

MEDIA CONSENT

In consideration for my child's participation in any and all paddling activities offered by the Operator, I grant its representatives, employees, professional photographers and the media the right and permission to publish, copyright and use photographs of my child and his/her property, with or without his/her name, and to reproduce the photographs through any medium for illustration, art, promotion, advertising, trade, web content or other purpose.

In entering into this Agreement I am not relying on any oral or written representations or statements made by the Operator with respect to the safety of paddling activities other than what is set forth in this Agreement. I CONFIRM THAT I HAVE READ AND UNDERSTOOD THIS AGREEMENT PRIOR TO SIGNING IT.

I hereby authorize the Operator and its representatives to notify me (via mail, email or fax) throughout the year for special offers, events news and information about our services. If you would like not to receive these advertisements, please checkmark the box.

PARTICIPANT

Participant Name: _____
(Print clearly)

Home Address: _____

Home Phone: _____ Email _____

Cell Phone: _____

Signed this _____ day of _____, 20____

Signature of Parent/ Legal Guardian: _____

Printed Name of Parent/ Legal Guardian: _____

Witness Signature: _____

Witness Name: _____

THIS AGREEMENT MUST BE COMPLETED IN FULL, SIGNED, INITIALLED, DATED AND WITNESSED PRIOR TO THE MINOR CHILD PARTICIPATING IN PADDLING ACTIVITIES.

