



Wei Wai Kum First Nation

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This *Acknowledgment of Risk and Informed Consent* form is an agreement between the custodial parent/guardian of the youth participant named below, the youth participant and the Campbell River Indian Band (CRIB). The intent of this form is to inform you of the activities and expectations of our programs so that the choice to participate in any CRIB program is made freely and with understanding of the associated benefits, risks and responsibilities. Please discuss this with your child, have them initial, and sign with you to show that they choose to participate.

This is not a waiver and signing this form DOES NOT waive your child's legal rights.

PARTICIPANT'S NAME: _____

BENEFITS & RISKS

The activities offered through the Youth Worker at the Campbell River Indian Band (CRIB) are designed to provide a fun, safe, and challenging space for youth to learn and work together. The benefits of participation include developing self-confidence, leadership, teamwork and interpersonal skills. While CRIB strives to manage risk, it is not possible to eliminate all risk.

CRIB offers a fun variety of outdoor and indoor activities including trips to the lake, pool, the bowling alley, out of town beaches and pools, and various indoor recreations.

WE UNDERSTAND: _____

Parent

Participant

AGREEMENT

We understand and agree that participation in CRIB activities requires the Participant to:

- Share the responsibility for the safety of their self and others during all activities.
- Follow all instructions and directions of CRIB Youth Workers and Volunteers. Failure to do so may result in removal from the program.
- Acknowledge the above risks and accept responsibility for all damages and loss resulting from their participation.
- We may contact CRIB in advance if I have questions about the risks described above or pertaining to any other aspect of the program.
- This Agreement will be governed and interpreted in accordance with the laws of the Province of British Columbia.
- CRIB respects the privacy of participants and will not identify individuals if using photographs or other images for educational, promotional or other purposes. *Unless the parent and participant sign the media waiver.*

WE AGREE: _____

Parent

Participant

PARENT

PARTICIPANT

Custodial Parent/Legal Guardian's Printed Name

Participants Printed Name

Custodial Parent/Legal Guardian's Signature

Participants Signature

Date
Parents Cell Phone Number/Phone Number

Date

