



INFORMED CONSENT AGREEMENT – UNDER 18 YOUTH CURLING CAMP
(Form valid for 2023 LCC U12 Youth Curling Camp)

Participant Full Name	Birthdate	Parent/Guardian Full Name	
Address	City	Postal Code	PHONE NUMBER
Email			

DISCLAIMER CLAUSE

Leduc Curling Club, the Board of Directors of Leduc Curling Club and their officers, agents, contractors, employees, coaches, instructors, trainers, volunteers, members and representatives (all hereafter collectively referred to as “the LCC”), are not responsible for any participant’s death, injury, loss or damage of any kind sustained by any person while registered as a participant of The U12 Youth Curling Camp programming except to the extent that such injury, loss or damage was caused by the negligence of LCC.

DESCRIPTION OF ACTIVITIES

The following are activities that your child may participate in during our programming:

- Team Sports: Curling
- Movement Skills, Agility, Balance, Coordination, Speed, Strength, Endurance, Flexibility
- Fitness Instruction: Stability, Strength, Cardiovascular Training
- Cooperative Games: Locomotor, Object Manipulation, Body Skills

ASSUMPTION OF RISKS

In consideration of my child’s participation in U12 Youth Curling Camp programming 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. By initialing (at the right, and signing below), I acknowledge that I have read and understand this agreement. These risks include, but are not limited to:

- All manner of injuries resulting in muscular injuries and soft tissue injuries including bruises, scrapes, cuts, etc, from executing strenuous and physically demanding physical techniques, collisions with the wall, floor, ice, uneven playing surfaces, contact with other participants (including spotters whose role is to enhance safety and learning) and failure in proper use of equipment either by my child, or other participants of LCC;
- All manner of injuries resulting from the mechanical failure of apparatus/equipment;
- All manner of injuries resulting in dislocations, concussion, hematomas, whiplash, contusions, sprains, pulled or strained muscles, knee injuries, and broken bones;
- Transmission of diseases through contact with LCC staff or other participants resulting in death, disease or other illnesses;
- All manner of head, neck, spinal, facial, eye, nose and/or dental injuries;
- All manner of injuries resulting from heat cramps, and heat stroke during hot summer days;
- All manner of injuries resulting from cold/ice during time in the arena;
- All manner of injuries and/or death that may result from transition between facilities;
- That my child’s risk of injury increases as they become fatigued

Initials: _____

ACKNOWLEDGEMENT OF RESPONSIBILITIES

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

- To follow all the instructions and rules given by those responsible for or in charge of the above noted Camp and all related activities while my child is a participant and participating in the above noted Camp. I understand and accept that the instructions and rules that are in place to provide a safe environment for the entire camp;
- To obey all the rules and regulations pertaining to the above noted camp and all related activities.

Initials: _____

CONDITIONS OF REGISTRATION

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

- 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 associated with the registered program
- That the participant will wear full protective equipment demanded by the sport and that the equipment brought to the camp with him/her meets or exceeds all minimal CSA or Sport governing body standards;
- Should the participant be injured during the registered program, I/we give permission for LCC staff to provide first responder treatment (Leduc Recreation Centre POOL Staff and contact EMS).
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Initials: _____

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THIS AGREEMENT, that I understand, appreciate and accept the risks associated with my child’s participation in LCC’s U12 Youth Curling Camp programming and all related activities at LCC. As the parent / guardian for the participant, I consent for my child’s participation in LCC’s U12 Youth Curling Camp programming and all related activities.

Name of Parent/Guardian	Signature of Parent/Guardian	Date Signed
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Name of Witness	Signature of Witness (not a family member)	Witness Phone Number	Date Signed
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The personal information requested on this form is collected under the authority of section 33(C) of *The Alberta Freedom of Information and Protection of Privacy Act* for the purpose of administering LCC’s U12 Youth Curling Camp programming offered by LCC. Questions concerning the collection, use or disposal of this information should be directed to: LCC Board of Directors: EMAIL: manager@leduccurling.ca

The witness information is being collected to verify the validity of the person who is signing as a witness to this document. Signed documents must be filed by LCC and kept for the duration of the U12 Youth Curling Camp 2023.