

University of
Lethbridge



TO: THE GOVERNORS OF THE UNIVERSITY OF LETHBRIDGE

INFORMED CONSENT, RISK ACKNOWLEDGEMENT AND INDEMNITY AGREEMENT

WARNING: By signing this document you indicate that you understand the risks associated with the activity(ies), that you are aware that by allowing your child to participate in the activity(ies) you are exposing him/her to the risks identified below.

It gives the University authority to secure medical assistance for your child for which you agree to be financially responsible. You are agreeing to assume financial responsibility for any damage to third persons or their property caused by your child.

INITIAL

CHILD'S FIRST NAME: _____ **SURNAME:** _____ **Date of Birth:** _____

ADDRESS: _____ **(City, Prov):** _____ **Telephone #:** _____

Participation in the activity(s) **Climbing Wall / Bouldering Cave / Auto Belay**, carries with it certain inherent risks. I am aware that by allowing my child to participate in the activity(s), my child may be exposed to any manner of harm, injury, illness, death or property damage resulting from such risks, including but not limited to the following:

General:

- Loss or damage of personal property by any means including, but not limited to, theft, vandalism, fire, or water damage;
- Travel by motor vehicle, bus or any other means of transportation to, from, or during the activity(s);
- Food Consumption: Ensure your child is aware not to partake of drinks/food that may be provided during this program if they have any food allergies.
- Potential exposure, transmission and/or contraction of virus, bacteria, and pathogens.

NOTE: Please consult with your child's physician prior to them participating in any physical activity(s) or using any equipment if they have any pre-existing conditions which may be affected by their participation in the activity(s).

Sporting/Physical Activities:

- All manner of muscular and skeletal injuries, bruises, scrapes, cuts, strains, sprains, leg cramps, dislocations, or bone injuries;
- Head, facial, dental and neurological injuries such as concussions and traumatic brain injuries (TBI);
- An increased load on the heart that may result in dizziness, shortness of breath, fainting, chest pain or discomfort, nausea, and in extreme circumstances may result in a heart attack;
- Being struck with projectiles;
- Falling against, impacting, entanglement or impairment on apparatus, equipment or other natural or man made obstacles (visible or non-visible), or against the ground, floors, walls or other surfaces;
- Contact with other participants, officials, spectators, or people or sustaining injuries arising from their actions;
- My child's participation and use of equipment beyond his/her own abilities; and
- The use, misuse, failure or malfunctioning of equipment.

Climbing Wall / Bouldering Cave / Auto Belay:

- Falling and impacting against horizontal or vertical surfaces, climbing/rock faces or the floor including falling in the main floor area, bouldering cave, from the upper deck, or ladders resulting in collision with protruding climbing holds/rocks, ledges, edges, railing or any other permanent or temporary fixtures; failure or improper use of the ropes, failure of any part of the climbing wall, carabiners, anchor systems or attachment points;
- Rope abrasions, entanglement and other injuries resulting from activities such as rescue systems, climbing, belaying, rappelling, smearing, edging, hand holds or other movement skills and any other rope techniques;
- Falling items/climbing holds, climbers or dropped items such as ropes or climbing hardware;
- Skin contact with climbing panels.

NOTE: When applicable to an activity(s), a proper helmet, harnesses and other climbing equipment designed specifically for an activity(s) must be worn and secured at all times while engaged in the activity(s).

In consideration of **The Governors of the University of Lethbridge** permitting my child(s) participation in the activity(s) of

Climbing Wall / Bouldering Cave / Auto Belay, I agree as follows:

1. **The Governors of the University of Lethbridge** may secure such medical advice and services as it, in its sole discretion, may deem necessary for my child's health and safety and I shall be financially responsible for such medical advice and services.
2. I understand that it is my child's responsibility to abide by the rules and regulations imposed on the participants by the Instructor. I have explained to my child the need to follow the instructions given by the instructor.
3. I understand that if my child is supplying his/her own equipment, I am responsible for ensuring that it is safe and well maintained and up to the requisite standards for the activity(s) in which he/she is participating. I understand that The Governors of the University of Lethbridge accepts no responsibility for any incidents or accidents occurring out of the use or misuse of my child's equipment.
4. I agree to HOLD HARMLESS AND INDEMNIFY **The Governors of the University of Lethbridge** from any and all liability for any damage to the property of, or personal injury to, any third party resulting from my child's participation in the activity(s).

I CONFIRM THAT I HAVE READ AND UNDERSTAND THIS AGREEMENT AND THAT I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM ACCEPTING FINANCIAL RESPONSIBILITY FOR ANY MEDICAL ASSISTANCE THE UNIVERSITY MAY DEEM NECESSARY FOR MY CHILD'S HEALTH AND SAFETY AND ALSO FOR ANY DAMAGE TO THIRD PERSONS OR THEIR PROPERTY THAT MY CHILD MAY CAUSE.

Parent/Guardian:

Name _____ **Signature** _____ **Date** _____

Witness:

Name _____ **Signature** _____ **Date** _____

The personal information requested on this form is collected under authority of the Alberta Post-secondary Learning Act (Alberta) and section 33c of the Freedom of Information and Protection of Privacy Act (Alberta) (the Act) and will be protected under Part 2 of the Act. The information is collected for the purpose of determining participation in University sanctioned programs, activities and for emergency notification. Questions related to the collection, use or disclosure of your personal information can be directed to the University of Lethbridge Privacy Office, 4401 University Drive W, Lethbridge, AB T1K 3M4, 403-332-4620, email: foip@uleth.ca.