


JOHN M. S. LECKY
UBC BOATHOUSE

Acknowledgement and Acceptance of Risk, and Consent
PLEASE READ CAREFULLY BEFORE SIGNING

PARTICIPANT INFORMATION

Name of Participant: _____ Birthdate: _____

Program (select one): Thunderbird Rowing Crew Dragon Boat UBC Novice Rowing

Participant's cell phone number: _____

EMERGENCY CONTACT INFORMATION

Emergency Contact: _____

Phone: (home): _____ (work) _____ (cell) _____

Relationship to Participant: _____

List any medications, medical conditions and/or allergies:

MEDICAL INFORMATION (BC Residents)

Family Doctor: _____ BC Care Card #: _____

Phone: (office): _____ (pager/cell) _____

MEDICAL INFORMATION (Out of Province)

Medical #: _____ Province: _____

Travel Insurance Provider: _____

****Note: Proof of provincial or travel insurance must be provided before start of program****

Sign-Out Policy

All participants under 11 years of age must be signed out of programs at the scheduled end time by someone authorized by you. Participants that are 12 years or older may self-sign out with permission.

- If your child is 11 years or younger, or is 12 or 13 years of age and you want to ensure they are signed out, please provide the names of the people authorized to sign your child out of the program:

- Yes, my child is 12 years or older and has my permission to self sign out. (Check the box if applicable)

PHOTO RELEASE

UBC may occasionally take pictures of its program participants for use in promotional/ advertisement materials or publications (brochures, websites, newspaper ads, etc.). By ticking the box below, you agree to allow UBC to reproduce the likeness of your child in such promotional/ advertisement materials and publications.

- Yes, I agree.

ACKNOWLEDGEMENT AND ACCEPTANCE OF RISK, AND CONSENT

I have reviewed the description of the **UBC Rowing and Dragon Boat** programs and feel that I have sufficiently informed myself about the nature of the camp and the 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 rowers, instructors, spectators or officials; impact with objects or equipment used in connection with rowing; changes in the type of surface and the condition of each surface, including dock/deck surface, hallways, shower facilities, stairs and change rooms; loss of balance; failure to participate safely within one's own ability; failure to participate against others of equal stature or ability; theft; consumption of food and drink, whether made by professionals or by non-professionals; negligence of other participants or UBC staff.**

I also give permission for program staff members to administer first aid treatment to my child, and acknowledge that I will be responsible for any medical or other charges in connection with my child's treatment.

Participants are expected to be respectful and considerate towards other participants, UBC staff including all instructors, and external partner organization instructors. Participants are expected and required to follow the directions of all instructors, to stay in close proximity to their instructors during the program and not leave without consent and informing program instructors. If there is a breach of these rules, instructors 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, UBC may require the participant to withdraw from the remainder of the program, without reimbursement of any program 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.

Signature of Parent/ Legal Guardian: _____

Printed Name of Parent/ Legal Guardian: _____

Date: _____

Please mail, fax or email this form to the UBC Boathouse office before the first day of program. Please note a separate consent form must be submitted for each program the participant registers for.

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