



GEORGINA



## Town of Georgina – 2023 Puddle Jump consent form

Note: if you are under 18 years of age, you must have a parent/guardian’s consent to participate.

Helmets are mandatory.

This information must be completed and submitted prior to your participation in the Puddle Jump held at the Town of Georgina - The ROC.

Participant Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Birth date: \_\_\_\_\_

Emergency contact name: \_\_\_\_\_ Relation: \_\_\_\_\_

Emergency contact phone: \_\_\_\_\_

### Risks

In consideration of my participation or to the named child being permitted to use the facilities of the Recreational Outdoor Campus (ROC) operated by the Town of Georgina, I hereby acknowledge that I am aware of the risks associated with or related to the Recreational Outdoor Campus (ROC) Puddle Jump event and my use or the named child’s use of other facilities of the Recreational Outdoor Campus (ROC) (including the risk of severe or fatal injury), which risks include but are not limited to:

1. Injuries resulting from falling, including, but not limited to, falling or coming into contact with any walls, structures, water or the ground at a high speed.
2. Anxieties and/or fears which may accompany activities.
3. Injuries resulting from the fall of other persons, or the failure of structures and equipment, whether arising due to negligence or otherwise.
4. Injuries, which can be severe or fatal, resulting from my failure or the named child’s failure to properly use the facilities or the carelessness of other participants or misjudgments on the part of the staff of the Recreational Outdoor Campus (ROC).

### Assumption of risk

I hereby release, waive and forever discharge the Corporation of the Town of Georgina, its employees, agents and contractors from all claims, demands, actions, causes of action, damages, costs and expenses of any kind in respect of death, injury, loss or damage to my person or to the named child or to my property, howsoever caused, arising or to arise by reason of my participation or to the named child’s participation in the Puddle Jump event at the ROC location. By signing this form, I acknowledge having read, understood and agreed to this waiver and release. I hereby give permission to have staff arrange for any emergency medical care including transportation if necessary. Where children are involved, attempts will be made to contact named parent, guardian or emergency contact first. The participant is responsible for his/her own medical coverage.

### Acknowledgement

I acknowledge that I have read this document and that I fully understand, appreciate and accept the physical risks associated with my participation or to the named child’s participation in the Puddle Jump event at the Recreational Outdoor Campus (ROC). I warrant that the information I have provided is accurate and complete.

For all inquiries please contact the ROC  
905-476-8834  
[georginaroc@georgina.ca](mailto:georginaroc@georgina.ca)



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**Photo release**

I, \_\_\_\_\_ hereby grant The Corporation of the Town of Georgina (the “Town of Georgina”) the irrevocable right to use my name/photograph/image/audio recording/video recording/ and likeness OR the name/photograph/image/audio recording/video recording/ and likeness of the minor referred to above (“My Image”) in all forms and manner including but not limited to publication on Internet Web Sites, broadcasts and any other publications as released to or by the Town of Georgina. I understand that the Town of Georgina cannot control unauthorized use of My Image by persons not associated with the Town of Georgina once My Image has been published. I hereby forever waive any right to inspect or approve any publication of My Image by the Town of Georgina.

I have carefully reviewed and understand the above provisions and agree to be bound by them. I voluntarily and irrevocably give my consent and agree to this Release and Waiver. I understand that the above-identified personal information is being collected and published for purposes related to the Town of Georgina’s public image. The Town of Georgina adheres to all applicable provisions of the Municipal Freedom of Information and Protection of Privacy Act.

Participant name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If you are under 18 years of age, you must have consent from a parent/guardian to participate:

Print name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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