

THE CORPORATION OF THE TOWN OF GEORGINA and THE RECREATIONAL OUTDOOR CAMPUS

INFORMED CONSENT - ADULT

THIS DOCUMENT MUST BE COMPLETED BY ALL PARTICIPANTS 18 YEARS OR OLDER.

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____ BOX: _____ CITY: _____

PROVINCE: _____ POSTAL CODE: _____ EMAIL: _____

DESCRIPTION OF RISKS:

In consideration of my being permitted to use the facilities of THE RECREATIONAL OUTDOOR CAMPUS 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 High Ropes & Low Ropes Challenge courses, Rock Climbing and Zip Lining, use of Town bicycles and my use of other facilities of THE RECREATIONAL OUTDOOR CAMPUS (INCLUDING THE RISK OF SEVERE OR FATAL INJURY), which risks include but are not limited to:

1. Injuries resulting from executing strenuous and demanding physical manoeuvres while participating in activities at THE RECREATIONAL OUTDOOR CAMPUS.
2. Injuries resulting from falling, including, but not limited to, falling into other persons, falling or coming into contact with any walls, structures or ropes, or falling to the ground.
3. Anxieties and/or fears which may accompany activities at heights which may reach 40 feet.
4. Close contact with other participants which may involve inadvertent or unwelcome touching.
5. Injuries resulting from the fall of other persons, or the failure of structures and equipment, whether arising due to negligence or otherwise.
6. Injuries, which can be severe or fatal, resulting from my failure to properly use the facilities or the carelessness of other participants or misjudgements on the part of the staff of THE RECREATIONAL OUTDOOR CAMPUS.

RELEASE:

I agree to be solely responsible for any injury, loss or damage that I may sustain while participating in activities at THE RECREATIONAL OUTDOOR CAMPUS. I agree to release The Corporation of the Town of Georgina and its Councillors, employees, volunteers, contracted staff and agents from all responsibility for such injury, loss or damage.

ACKNOWLEDGEMENT

I acknowledge that I have read this document and that I fully understand, appreciate and accept the physical risks associated with my participation in activities at THE RECREATIONAL OUTDOOR CAMPUS. I warrant that the information I have provided is accurate and complete.

SIGNATURE: _____

DATE: _____