Cowichan River Youth Kayak (CRYK) Festival 2017
Friday April 7 – Sunday April 9 2017

PARTICIPANT'S INFORMED CONSENT FORM (Under 19)

PLEASE READ CAREFULLY

Risk:

I, _____ give my consent for my child,
(Parent's Name)

Participant's Name _____ Participant's Date of Birth (DD/MM/YYYY)_____

Home Street Address _____ Town/City _____ Province/Country _____

Postal Code _____

to participate in the **Cowichan River Youth Kayak (CRYK) Festival 2017.** I understand and acknowledge that travelling to and from and participation in the **Cowichan River Youth Kayak (CRYK) Festival 2017** may result in personal injury (*including but not limited to: injury to internal organs, bones, joints, ligaments, muscles, tendons and other aspects of the skeletal system and potential impairment to other aspects of the body, and in rare occurrences, death, complete or partial paralysis, or brain damage*) and property damage or loss. I fully understand these risks and give my son/daughter permission to participate in the **Cowichan River Youth Kayak (CRYK) Festival 2017**

Rules:

I understand that the rules and regulations are designed for the safety and protection of participants and hereby agree to to inform my son/daughter of the importance of abiding by the rules and regulations set down by the **Cowichan River Youth Kayak (CRYK) Festival 2017**

Media Release:

I hereby grant to **Vancouver Island Whitewater Paddling Society and Canoe Kayak BC** the right to use, without payment of any fee or charge, any written information (excluding information contained on the Medical Form), photograph, video tape or other visual media of my son/daughter taken during the **Cowichan River Youth Kayak (CRYK) Festival 2017** for the purpose of furthering **Vancouver Island Whitewater Paddling Society and Canoe Kayak BC** objectives.

☐ **I, as the parent/guardian of the participant named herein, hereby declare that I have read, understood and agree to the contents of this Informed Consent in its entirety.**

☐ **I, as the parent/guardian of the participant named herein, agree to assume full responsibility to instruct my child of the risks involved and to inform him/her of the importance of abiding by the rules and regulations.**

Date: _____ Signature of Participant: _____

Date: _____ Signature of Parent / Guardian: _____

Witness Signature: _____