

**University of the Fraser Valley**  
**Informed Consent – Please Read Carefully**



<b>Activity Description:</b>	<b>Date of Activity:</b>
<b>Name of Participant (please print):</b>	<b>Life-threatening Allergies: Yes/No</b> <b>If yes, explain:</b>

**Description of Risks:** I, the undersigned, hereby acknowledge that certain risks of injury are inherent to participation in sports and recreational activities (the “Activity”). These types of injuries may be minor or serious and may result from the participants’ actions, or the actions or inactions of others, or a combination of both. I hereby understand that certain activities require a minimum level of fitness and health (physical, mental, and emotional) and that each person has a different capacity for participating in these activities.

**Assumption of Risk:** I understand that the choice to participate in the Activity means the participant assumes the inherent risks involved with the Activity.

**No Liability:** I hereby agree that the University of the Fraser Valley (“UFV”), its faculty, staff and agents shall not be liable for any injury, loss or damage during the Activity—including deterioration of health or illness or aggravation of condition resulting from participation in the Activity.

**Emergency Treatment:** If at any time emergency medical services and/or treatment is necessary for the above-listed participant, I hereby give my consent for treatment to be given. Every effort will be made to contact the parent/guardian(s) and/or emergency contacts in advance. My signature on this form indicates that I agree to be financially responsible for such service(s) and/or treatment.

**Photo/Video Consent:** I hereby authorize UFV to take photographs and/or videos of my child during the Activity, and to display and otherwise use these photographs and/or videos without charge solely for the purpose or promotional material in connection with UFV and/or Athletics & Campus Recreation.

**Acknowledgement:** I am the parent and/or legal guardian of the participant named on this form. I understand the nature of the activities, the participants’ experience and capabilities, and believe the participant to be in good health and in proper physical condition to participate fully in the activities described above.

<b>Name of Parent or Guardian (please indicate which one):</b>	<b>Name of Witness:</b>
<b>Signature of Parent/Guardian:</b>	<b>Signature of Witness:</b>
<b>Date:</b>	<b>Date:</b>
<b>Emergency Contact (name):</b>	<b>Emergency Contact Number:</b>

**Collection Notice:** The personal information requested on this form is collected under the authority of the *University Act*, and in accordance with the *Freedom of Information and Protection of Privacy Act (FIPPA)*. The information will only be used for the purpose of implementing this informed consent. Direct any questions about this collection to Nick Sirski, Director of Athletics, at UFV, (604) 504-7441 x 4583 or [nicholas.sirski@ufv.ca](mailto:nicholas.sirski@ufv.ca).

**This consent form must be completed in full, signed, and dated before participants are allowed to participate in activities.**