

## Release of Liability- Parental Consent

Thank you for choosing to use the facilities, services and programs of the **Nelson and District Youth Centre**. We request your understanding and cooperation in maintaining both your child's and our health and safety by reading and signing this **Parental Consent Form**.

Child's Last Name: \_\_\_\_\_

Child's First Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

Child's Home Address: \_\_\_\_\_

I consent to my child's participation for all Youth Centre activities. I am aware that there are risks associated with my child's participation at the Nelson and District Youth Centre, including the risk of injury, and I consent to have my child participate in the centre and all activities in spite of such risks. I acknowledge that I have inquired about the nature of the activity, program or service and that I am not completely familiar with and I have been informed of any inherent risks.

In the event that my child required medical attention, I consent to my child being transported to the nearest emergency center, including by ambulance if necessary, I accept that I am responsible for any such costs of an ambulance.

I further understand that personnel who may not be licensed, certified, or registered instructors or professionals conduct the activities. I accept the fact that the skills and competencies of some employees and/or volunteers will vary according to their training and experience and that no claim is made to offer assessment or treatment of any mental or physical disease or condition by those who are not duly licensed, certified or registered and herein employed to provide such professional services.

I give \_\_\_\_\_ Do not give \_\_\_\_\_ (please check one item) permission to have the City of Nelson and /or its community partners to take and use photographs of the above mentioned child for any marketing or promotional items.

Emergency Contact Name (1): \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Name (2): \_\_\_\_\_ Phone: \_\_\_\_\_

**I have read the Parental consent form, understand and accept its terms.**

Parent/Guardian Name (please print): \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

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

Witness' Signature & Printed Name \_\_\_\_\_

**By signing this document, you will waive all legal rights, including the right to sue.**

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### **Nelson & District Youth Centre COVID-19 Policies and Procedures**

Please familiarize yourself with our policies before registering your child in any of our programs

**The health and safety of your children and our staff is our number one priority.**

Please review ALL of the following information. We will require a completed and signed package to be submitted prior to your child coming to the centre.

**If you're unwell– Stay at Home!** Any child, parent, staff or visitor must not enter the Centre if they are sick, even if symptoms resemble a mild cold. Any child who arrives at the Centre with cold or flu like symptoms will not be permitted to enter the Youth Centre.

**Our primary methods of keeping your child and our staff safe during our programs are:**

1. Active Monitoring for Symptoms
2. Maintaining Physical Distancing
3. Hand Washing & Sanitizing
4. Respiratory Etiquette

**Please Note:**

- Any child, parent, staff or visitor must not enter the space if they are sick, even if symptoms resemble a mild cold.
- Anyone returning from any international travel within the last 14 days will not be admitted into the Youth Centre.
- Unwell people waiting for a test or test result for COVID-19 will not be admitted into the Centre.
- Anyone with COVID-19 will not be admitted in the Centre.
- People who have been in close contact with COVID-19 cases during the period of isolation will not be admitted to the Centre.
- Children with mild cold symptoms must stay home until symptoms resolve or for 14 days, whichever is longer.

**Any person who arrives at The Centre with Cold or Flu like symptoms will be asked to leave immediately.**

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I understand that this waiver/disclaimer applies to all activities held by The Nelson and District Youth Centre. The Nelson and District Youth Centre, its officers, employees or agents will not be liable for contraction of COVID-19 arising from participation in the facility and programs outside of the facility.

**I understand the risks associated when entering the facility. I have read the Nelson and District Youth Centre COVID-19 Policies and Procedures understand and accept its terms.**

Parent/Guardian Name (please print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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