INFORMED PARENTAL CONSENT FORM

In this Consent:

1. The term "**Operator**" includes Operation Trackshoes Society, doing business as OneAbility Games, and its directors, officers, employees, instructors, agents, representatives, volunteers, sponsors, partners, successors, and assigns.
2. The term "**Activities**" includes the OneAbility Games and all programming, events, and activities organized or facilitated by the Operator, which may include, without limitation, participation in or assistance with sporting events, use of adaptive equipment, and ancillary activities.
3. The term "**Participant**" refers to the child of the undersigned, which Participant is under the age of 19 years old.

ACKNOWLEDGEMENT AND ACCEPTANCE OF RISK AND CONSENT

I have reviewed the description of the Activities and have sufficiently informed myself about the nature of the activities involved for the Participant. I acknowledge that there are risks, dangers, and hazards associated with the Participant's participation in the Activities. I acknowledge that any athletic Activities may place physical demands on the Participant and that the Activities create certain inherent risks, including without limitation the possibility of personal injury, death, property damage or loss resulting therefrom, whether those risks are inherent or not. I acknowledge that accidents can result from the nature of the Activities and can occur without any fault on the part of the Participant, the Operator, or the facility where the Activities take place. By allowing the Participant to participate in the Activities, I accept the associated risks, dangers, and hazards.

I also consent to first aid attendants onsite at the Activities administering first aid treatment to the Participant, where such treatment is deemed necessary by such attendants. In the event that the Participant requires medical attention, I consent to the Participant being transported to the nearest emergency centre, including by ambulance if necessary, and accept that I am responsible for any related costs for such transport.

I acknowledge that it is my responsibility to advise the Operator of any medical or other conditions that may affect the Participant's participation in the Activities.

Participants are expected to be respectful and considerate towards other participants, program staff including all instructors and volunteers, and external partner organization and individuals. Participants are expected, to the best of their ability, to follow the directions of all instructors, to stay in close proximity to the program staff during the Activities and to not leave the premises of the Activities without informing staff and obtaining prior consent to do so. I confirm that I have discussed these rules and expectations with the Participant.

I consent to the taking of photographs or video of the Participant during the Activities, and the use or publication of any such photographs or video by the Operator for promotional or marketing purposes, unless I have selected the opt-out option below.

I hereby consent to the Participant's participation in the Activities on the terms and conditions set out above by signing below.

In entering into this Consent, I am not relying on any oral or written representations or statements made by the Operator with respect to the safety of the Activities other than what is set forth in this Consent. I CONFIRM THAT I HAVE READ AND UNDERSTOOD THIS CONSENT PRIOR TO SIGNING.

Full Name of Participant (PRINT): _____

Full Name of Parent/Guardian (PRINT): _____

Parent/Guardian Phone #: _____

Signature of Parent/Guardian: _____ **Date:** _____

☐ **PHOTO / VIDEO OPT-OUT (OPTIONAL)**
By checking this box, I **do not consent** to the taking of photographs or video of the Participant during the Activities, or to the use or publication of any such photographs or video by the Operator for promotional or marketing purposes.