



Race # _____
(Office use only)

Under 19 years
INFORMED CONSENT: ACCIDENTAL INJURIES TO PARTICIPANTS
This is not a waiver of legal rights.

EVENT: Glow Run
DATE of Event: _____

TO: THE DISTRICT OF PEACHLAND:

I, _____ **(Name of Parent/Legal Guardian)** declare that my child _____ **(Name of Child)** intends to participate in the Glow Run and I understand and acknowledge the risks and hazards of the Glow Run as follows:

Running or walking, in variable light, on roads open to vehicular traffic under uncertain conditions could cause injuries including (but not limited to) slips and falls; twisted ankles, twisted knees or other soft tissue or skeletal damages; cuts or scrapes; head injuries; broken bones; over exertion illnesses including heat stroke, heart attack, stroke, and dehydration; exposure to changeable weather conditions; overtaxing the immune system; or incidents involving vehicles, animals, or other persons.

I consent to my child's participation in the above program. I am aware that there are risks associated with participation in the above program, including the risk of injury, and I consent to my child's participation in spite of such risks.

I acknowledge that it is my responsibility to advise the District of Peachland of any medical or other conditions that may affect my child's participation in the Glow Run.

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

Permission is hereby Granted or Denied (please check appropriate box) for the District of Peachland and/or its Community Partners to take and use photographs of the above-mentioned child for promotions and records.

I have read this Parental Consent Form and understand and accept its terms.

Parent/Legal Guardian Signature

Date

Parent/Guardian Name (please print)