

Informed Consent Form (Minor – under 18 years of age) - Waiver

Town / Municipality: Municipality of Lorne

Facility: St Léon Interpretive Centre

Activity: Kayak rental

Date(s) of Activity: _____ (please enter dates of visit here)

THIS FORM MUST BE READ AND SIGNED BY THE PARENT OR LEGAL GUARDIAN OF ANY MINOR WISHING TO PARTICIPATE.

ELEMENTS OF RISK: Recreational and water-based activities involve inherent risks, including but not limited to:

- Scrapes, cuts, bruises
- Strains, sprains, pulled muscles or ligaments, fractures or broken bones
- Drowning or near-drowning
- Hypothermia or cold-water shock
- Damage to personal property

Additional risks may arise from weather, water conditions, wildlife, or equipment failure.

There is no lifeguard on site. A properly fitted life vest (PFD) must be worn at all times while on or near the water.

ASSUMPTION OF RISK BY PARENT/GUARDIAN: I understand and accept the risks listed above on behalf of my child. I acknowledge that these risks may occur without fault of the Municipality, the Organizing Committee, its employees, volunteers, or agents. I understand that no accidental death, disability, medical, or property insurance is provided for participants.

RELEASE AND INDEMNIFICATION: I release the Municipality, the Organizing Committee, and their employees, volunteers, and agents from all liability for injury, loss, damage, or death arising from my child's participation, regardless of cause. I agree to indemnify and hold them harmless from any claims or costs arising from my child's participation or actions.

This includes any actual or alleged loss, injury, illness, or death connected to a Communicable Disease, defined as any illness transmitted directly or indirectly through air, surfaces, bodily fluids, or environmental exposure caused by viruses, bacteria, parasites, or other organisms.

ACKNOWLEDGEMENT / PERMISSION TO PARTICIPATE:

WE HAVE READ THE ABOVE. WE UNDERSTAND THAT IN PARTICIPATING IN THE ACTIVITY DESCRIBED ABOVE, WE ARE ASSUMING THE RISKS ASSOCIATED WITH DOING SO.

Name of Child: _____

Name of Parent/Guardian (print): _____

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