

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

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

**Description of Risks:** I, the undersigned, hereby acknowledge that certain risks of injury are inherent to participation in sports and recreational activities such as those of the UFV Cascades Basketball Camp (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. I have read the information on the website or in the brochure for the Activity and understand the intensity of activity is high. I acknowledge that there are risks, dangers, and hazards associated with my child’s participation in the camp including, but not limited to: impact and collision with other players, instructors, or spectators; impact with objects or equipment used in connection with the Activity; changes in the type of surface and the condition of each surface; adverse weather conditions; loss of balance; and failure to play safely within one’s own ability. If your child has a temporary restriction (for example, the flu or a sprained ankle), it is your responsibility to make sure we are informed, on a daily basis, in writing.

**Assumption of Risk:** I have reviewed the description of the Activity and feel that I have sufficiently informed myself about the nature of the camp and the activities involved. I understand that by consenting to my child’s participation in the Activity means that I am assuming the inherent risks involved with 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, the UFV Cascades Camp program and/or Cascade Athletics.

**Behaviour:** Participants are expected to be respectful and considerate towards other participants, UFV staff including all instructors. Participants are expected and required to follow the directions of all instructors, to stay in close proximity to their instructors during the Activity and not leave without consent and informing camp instructors. If there is a breach of these rules, instructors will discuss the issue with the participant and/or their parents or guardian. In the event that there is a continuous breach of these rules, UFV may require the participant to withdraw from the remainder of the camp, without

reimbursement of any camp fees. I confirm that I have discussed these rules and expectations with my child.

**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.

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

**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 Steve Tuckwood, Director of Athletics, at UFV, (604) 504-7441 x-4583 or [steve.tuckwood@ufv.ca](mailto:steve.tuckwood@ufv.ca).

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