

# Informed Consent and Assumption of Risk

## READ BEFORE SIGNING



Participant's Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
(please print)

IN CONSIDERATION of being permitted to participate in any way at \_\_\_\_\_ operated by One Hope Ministries of Canada (hereafter known as ministry point), I acknowledge, understand, and agree:

1. Participation in activities could result in possible personal injury. Despite precautions taken by the ministry point, accidents and injuries may occur. By signing this form, I assume all risks related to the use of any and all spaces used by the ministry point.
2. To release from responsibility the ministry point including all missionaries, full-time and part-time, paid or volunteer, and the facilities used, from any cause of action, claims, or demands now, and in the future that that might arise out of the participant's participation in activities at the ministry point or from the physical risks associated the activities.
3. I accept all risks relating to such activities including personal injury such as: scrapes, bruises, cuts, sprains, fractures, broken bones, concussions or death or any personal property damage/loss, which may occur on the camp premises. **I understand these risks and will not hold the ministry point liable for any such injury.**
4. Furthermore, I agree to obey all ministry point rules and take full responsibility for my behaviour in addition to any damage I may cause to the facilities utilized by the ministry point.

I have read this *Informed Consent and Assumption of Risk Agreement*, fully understand its terms, and the risks I am assuming by signing it, and sign it freely and voluntarily.

\_\_\_\_\_  
Participant Signature (13 years and older) Date Phone #

\_\_\_\_\_  
(Address, City, Province, Postal Code)

### FOR PARTICIPANTS OF MINORITY AGE

(under age 18 at time of registration)

This is to certify that, I, as parent/guardian with legal responsibility for this participant, have read this *Informed Consent and Assumption of Risk Agreement*, fully understand its terms, and that I have given up substantial rights by signing it, and sign it freely and voluntarily.

\_\_\_\_\_  
Parent/Guardian's Signature Date Phone #

