

SUNSHINE COAST ELDERCOLLEGE - INFORMED CONSENT FORM

(when an activity forms part of a course)

Sunshine Coast Elder College is arranging: _____
(name of activity)

For course participants on: _____
(day/date/time)

Print full name of participant: _____

I _____ understand that activities of this type expose a participant to elements of risk. Accidents may occur while participants voluntarily engage in these activities. . These accidents may cause injury. Risks to which the participant may be exposed while voluntarily participating in this type of activity can be, but are not limited to:

- 1 _____
- 2 _____
- 3 _____
- 4 _____

Accidents can be the result of the nature of the activity and can occur without any fault on the part of the participant or Sunshine Coast Elder College or its volunteers or agents or the facility or area where the activity is taking place. By agreeing to voluntarily participate you are accepting the risks associated with the activity.

Signed at _____, BC this _____ day of _____ 20____

SIGNED AND WITNESSED:

Signed:		Witnessed: (person witnessing signature)
_____		_____
signature		signature
_____		_____
print full name		print full name
_____		_____
address		address
_____		_____
phone number		phone number