

# Ventures

## winter colour guard

### Consent form

#### Element of Risk

Participation in the color guard program involves certain elements of risk. Accidents may occur while participating or traveling to and from the activity. These accidents may cause injury. By choosing to participate and travel in the activity, you are assuming the risk of an accident occurring.

The chance of an accident occurring can be reduced by carefully following instructions at all times while engaged in the activity. If you choose to participate in guard trips and practices you must understand that you will bear the responsibility that an accident might occur.

The Ventures Drum and Bugle Corps Inc. does not provide any accidental death, disability, dismemberment, dental or medical expenses insurance on behalf of the members participating in this activity.

The Ventures Drum and Bugle Corps Inc. requires that each member carry out-of-province/country insurance which covers participants for all accidents, 24 hours per day, every day during the full policy term. You will be required to submit proof of such policy.

#### Acknowledgement

We have read the above and understand that in participating in the Ventures Colour Guard practices and trips we are assuming the risks associated with doing so.

Signature of member:  \_\_\_\_\_

Date (dd/mm/yyyy): \_\_\_\_\_

Signature of parent/guardian:  \_\_\_\_\_

Date (dd/mm/yyyy): \_\_\_\_\_

#### Permission

I (We), \_\_\_\_\_ (full name of custodial parent(s)/legal guardian(s))  
am/are the \_\_\_\_\_ (lawful custodial parent or legal guardian) of:

Child's name: \_\_\_\_\_

Date of birth (dd/mm/yyyy): \_\_\_\_\_

Canadian passport number: \_\_\_\_\_

I/We give \_\_\_\_\_ (child's name) permission to participate in the activities of the Ventures Winter Colour Guards as well as to travel with the guard either on the bus or in private vehicles to and from performances or practices including those in the United States of America during the period of October 1st, 20\_\_\_\_ to April 30th, 20\_\_\_\_.

I (we) agree and give consent to the Ventures organization to use my child's portrait or photograph for promotional purposes and website. I understand that my child will not be identified by name without my express permission.

Signature of parent/guardian:  \_\_\_\_\_ Date: \_\_\_\_\_ (dd/mm/yyyy)

Signed before me, \_\_\_\_\_ (name of witness),

this \_\_\_\_\_ (date) at \_\_\_\_\_ (location)

Witness signature:  \_\_\_\_\_