



COMMUNITY GOVERNMENT OF BEHCHOKÒ RECREATION DEPARTMENT

PO Box 68, Behchokò, Northwest Territories

Phone: 867.392.6500 Ext. 2313 • Fax: 867.392.6139

Program Information:

Program Name: _____ Start Date: _____

Skill Level: Training Non-Training

Program: Volleyball Soccer Basketball Badminton Lacrosse Multi-Sport

Have you Registered for any NWT Leagues, if yes, can you please provide a receipt? _____

Program Leader/Coach/Instructor: _____

Athlete's Information

First Name:

Last Name:

Birth Date (DD/MM/YYYY)

Health Care ID:

Gender: Female Male Age: _____

Parent/Guardian Name: _____	Parent/Guardian Name: _____
Email: _____	Email: _____
Address: _____	Address: _____
Phone Number: _____	Phone Number: _____
Are you willing to volunteer <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you willing to volunteer <input type="checkbox"/> YES <input type="checkbox"/> NO

If Parent/Guardian is not able to pick up child(ren), please list names that we can expect for pickup:

1. Name: _____ Phone Number: _____

2. Name: _____ Phone Number: _____

Emergency Contact Information:

Contact Name: _____ Relationship: _____

Cell Phone: _____ Work Phone: _____



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Medical Information:

List any medical Information or behavioral conditions that the staff of The Community Government of Behchoko, recreation department need to be aware of to provide the best possible care for your child (Allergies, asthma, ADHD, etc.) Please be aware, staff will not be administering medication to participants.

Photo/Video Consent:

I, _____, hereby grant and authorize _____ the right to take,
(Parent/Guardian Print Name) (Child's Name)

edit, alter, copy, exhibit, publish, distribute and make use of any and all pictures or video taken of me to be used in and/or for legally promotional materials including, but not limited to, newsletters, flyers, posters, brochures, advertisements, fundraising letters, annual reports, press kits and submissions to journalists, websites, social networking sites and other print and digital communications, without payment or any other consideration. This authorization extends to all languages, media, formats, and markets now known or hereafter devised. This authorization shall continue indefinitely unless I otherwise revoke said authorization in writing.

I understand and agree that these materials shall become the property of The Kò Gocho Sportsplex Centre.

Parent\Guardian's Signature

Participant's Signature (Ages 18+)

Parent\Guardian's Name (Printed)

Date: _____
(DD/MM/YYYY)

Participant name (Printed)

Date: _____
(DD/MM/YYYY)



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KÒ GOCHO SPORTSPLEX CENTRE INFORMED CONSENT AND ACKNOWLEDGMENT OF RISKS AGREEMENT

Participant's Full Name: _____

Date of Birth: _____ Health Care ID: _____

Parent or Guardian's Full Name: _____

Phone Number of Emergency Contact: _____

Address: _____

**IMPORTANT: BY SIGNING THIS DOCUMENT, YOU WILL BE GIVING UP CERTAIN LEGAL
RIGHTS, INCLUDING THE RIGHT TO SUE**

- PLEASE READ CAREFULLY -

1 ASSUMPTION OF RISK

In agreeing to participate in Programs at the Kò Gocho Sportsplex Centre, I agree as follows:

I fully understand and acknowledge that activities have:

- (a) inherent risks, dangers, hazards, and such exists in my use of such equipment and my participation in these activities
- (b) My participation in such activities and/or use of such equipment may result in injury or illness including, but not limited to, bodily harm, disease, strains, fractures, partial and/or total paralysis, death or other ailments that could cause serious disability.
- (c) These risks and dangers may be caused by the negligence of the representatives, employees, or volunteers of the Kò Gocho Sportsplex Centre, the negligence of the participants, the negligence of others, accidents, breaches of contract, or other causes.
- (d) By participating in these activities and for use of equipment, I hereby assume all risks, dangers and all responsibility for any losses and/or damages whether caused in whole or in part by the negligence or the conduct of the representatives, employees, or volunteers of the Kò Gocho Sportsplex Centre, or by any other person.

I authorize Facility employees to consent to emergency medical treatment in accordance with the best interests of myself should I not be able at the relevant time to grant consent myself.

I, on behalf of myself, my personal representatives and my heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defend, and indemnify The Kò Gocho Sportsplex Centre and its representatives, employees, and volunteers from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of my use of any equipment or participation in these activities.

**I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT I AGREE NOT
TO HOLD THE KÒ GOCHO SPORTSPLEX CENTRE LIABLE FOR ANY PERSONAL
INJURY, PROPERTY DAMAGE, OR WRONGFUL DEATH, CAUSED BY NEGLIGENCE OR
ANY OTHER CAUSE.**

2 INFORMED CONSENT



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2.1 In consideration of the Facility allowing my participation in the Activities, I agree that:

a) I consent to my participation in the Activities and I freely and voluntarily accept and assume all the Risks associated with the Activities and recognize that these Risks may result in property damage, all manner of personal injury (including serious injuries such as fractures, spinal cord injury and brain injury) and death; _____ (initial)

b) I acknowledge on my behalf that the Facility is not responsible for (1) the use of any Equipment by myself without proper training, (2) the improper use of any Equipment by myself and (3) the use or functionality of any Equipment that is not owned by the Facility; _____ (initial)

c) I recognize on my behalf that the Facility is not responsible for the actions of other users of the Facility. I am aware of and will pay attention to other users of the Facility while participating in the Activities; _____ (initial)

d) I accept all responsibility for my actions while at the Facility. If damage to property or injury to persons is caused by the actions of myself, I will be personally responsible for all such damages or injuries. _____ (initial)

2.2 This agreement will be effective and binding upon my heirs, next of kin, executors, administrators, assigns, attorneys, and representatives in the event of my child's death or incapacity.

I certify that I am over the age of 18 and that I have full legal responsibility for decisions regarding myself. I have carefully read this Information.

_____ (initial)

Consent and Acknowledgement of Risk Agreement.

Parent\Guardian's Signature

Participant's Signature (Ages 18+)

Parent\Guardian's Name (Printed)

Participant name (Printed)

Date: _____
(DD/MM/YYYY)

Date: _____
(DD/MM/YYYY)



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Kò GOCHO CENTRE COVID-19: Waivers, Assumption of Risk and Informed Consent in Recreation Programming and Facility Use Agreements

IMPORTANT: BY SIGNING THIS DOCUMENT, YOU WILL BE GIVING UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE

- PLEASE READ CAREFULLY -

ASSUMPTION OF RISK of COVID-19

As local communities across NWT prepare to reopen their facilities after being closed for the last few months to help the Territory of COVID-19 spread, they are dealing with many complex issues. Parks and recreation departments are struggling with how to open safely and prevent the potential transmission of COVID-19, while continuing to offer much needed recreational opportunities to their communities. In addition, local communities are concerned that they could be sued if a patron claims they were infected with COVID-19 while attending a recreation program or visiting a park or recreation facility.

There are several effective strategies local communities can implement to mitigate risk arising from running recreation programs and renting out their facilities to third parties. In the current situation, the best strategy is to draft a well thought out reopening plan that follows, to the best of its abilities, the GNWT's Guidelines for Restarting Operations and the orders and guidance of public health officials to ensure proper cleaning protocols, physical distancing and relevant signage is implemented in each facility.

Declaration:

In agreeing to participating at the Kò Gocho Sportsplex Centre, I agree as follows:

- (a) By participating in our programs and/or visiting our facilities, I will be at risk of contracting Covid-19, despite any precautions taken by me or by facility/program staff. _____ **(initial)**
- (b) Covid-19 is a highly infectious disease with a latent period of transmissibility during which time apparently healthy people can be infectious. _____ **(initial)**
- (c) Covid-19 is a potentially fatal disease affecting people of all ages.
- (d) Covid-19 can be significantly more dangerous in people of already compromised health, and it is my responsibility – not that of program or facility staff – to understand my current health and limitations and to take appropriate additional precautions as required. _____ **(initial)**
- (e) I (or my child, if participant is a minor) will take actions to prevent the spread of COVID-19; I/we agree to follow guidelines, recommendations, and protocols in effect in the territory as directed by Government of Northwest Territory (GNWT) while engaging with Community Government of Behchoko (CGB) staff, volunteers and other participants. I/we will follow and adhere to CGB's screening guidelines and protocols regarding my (or my child, if participant is a minor) attendance at Kò Gocho Sportsplex Center (KGSC) activities as outlined in the KGSC Self-Assessment Checklist. _____ **(initial)**



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I understand that if infected, I could be at risk of transmitting the disease to other family members, including those with high risk, pre-existing conditions, and that this might occur before my own sickness has become evident.

_____ (**initial**)

This agreement will be effective and binding upon my heirs, next of kin, executors, administrators, assigns, attorneys, and representatives in the event of my child's death or incapacity.

I certify that I am over the age of **18** years, and I have full legal responsibility for decisions regarding myself. I have carefully read this Informed. _____ (**initial**)

I have read and understand the above information and willingly accept the above risks. _____ (**initial**)

I VOLUNTARILY AGREE TO ASSUME ALL OF THE FOREGOING RISKS AND ACCEPT SOLE RESPONSIBILITY FOR ANY INJURY TO MY CHILD(REN) OR MYSELF (INCLUDING, BUT NOT LIMITED TO, PERSONAL INJURY, DISABILITY, AND DEATH), ILLNESS, DAMAGE, LOSS, CLAIM, LIABILITY, OR EXPENSE, OF ANY KIND, THAT I OR MY CHILD(REN) MAY EXPERIENCE OR INCUR IN CONNECTION WITH MY CHILD(REN)'S ATTENDANCE PARTICIPATION AT Kò GOCHO SPORTSPLEX CENTRE. ON MY BEHALF, AND ON BEHALF OF MY CHILD(REN), I HEREBY RELEASE, COVENANT NOT TO SUE, DISCHARGE, AND HOLD HARMLESS Kò GOCHO SPORTSPLEX CENTRE INCLUDING ALL LIABILITIES, CLAIMS, ACTIONS, DAMAGES, COSTS OR EXPENSES OF ANY KIND ARISING OUT OF OR RELATING THERETO.

Consent and Acknowledgement of Risk Agreement.

Parent\Guardian's Signature

Parent\Guardian's Name (Printed)

Date: _____
(DD/MM/YYYY)

Participant's Signature (Ages 18+)

Participant name (Printed)

Date: _____
(DD/MM/YYYY)