



14 James St.
Parry Sound, ON P2A 1T2
thedrop@thedropparrysound.com

Informed Consent: The Drop Parry Sound

Participant Name	Phone number	Birthday
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Emergency Contact Name	Phone number	Relationship
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Assumption of Risk

I understand that it is my choice to participate in programs at The Drop (located at 14 James St. Parry Sound).
I understand that there are risks associated with The Drop like, being injured and/or exposed to COVID-19.
I understand that injuries and/or COVID-19 exposure are not likely to be anyone’s fault, they might just happen through my participation.
I understand that I am responsible for myself and any personal injuries that might occur.

The Drop does not provide accidental death, disability, dismemberment, or medical expense insurance on behalf of its participants.

Acknowledgment

I agree that I will not hold The Drop Parry Sound, its employees and/or volunteers liable for any injuries resulting from my attendance and program participation.

I have read and understand this agreement.
I am aware that by signing this agreement and participating in The Drop, I am taking responsibility for all the risks associated with its activities.
I will not hold The Drop Parry Sound liable for any injuries incurred.

Participant signature	Date
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Witness signature	Date
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