Minors and Adults with SDM



Agreement and Consent Use of the Stan Stronge and GF Strong Pools ("Pool Facilities")

Vancouver Coastal Health Authority (VCH) is not responsible for any loss or damage suffered by any person arising from or related to the use of the Pool Facilities described below for any reason whatsoever.

I	[Full Names], am the Substitute Decision
Maker and/or parent and/or legal guardian of	[Participant's Full Name] (the
'Participant").	

In the context of the Participant using the Pool Facilities, I understand that any therapies provided to the Participant in a professional or student capacity or otherwise, are separate and apart from any VCH therapy and in no way are considered VCH therapies. I have read and I agree to ensure that the Participant follows VCH rules and guidelines for use of the Pool Facilities.

Special Equipment:

- I understand that if the participant chooses to use the mechanical lift and/or other equipment, the participant is doing so at the participant's own risk, as described below.
- I understand that the use of the equipment may be safer if I hire an allied health professional (e.g., Occupational Therapist) to assess the participant's ability to use this equipment and provide the participant with a care plan for safe use.
- I understand that a care plan developed by the private allied health professional is not VCH therapy.
- If I notice anything of concern about the special equipment, will ensure that the participant stops using it immediately and bring it to the attention of a VCH staff person.

I have been informed by VCH of the degree and nature of the risks and benefits of the activity, have been provided an opportunity to ask questions, and on behalf of the participant, accept the risk of the activity with full knowledge of such risks and benefits. These risks that have been explained to me include, but are not limited to:

Cuts, bruises, fractures, aspiration, concussion, infection, drowning, skin irritation, severe harm or death from slips, falls, contact from other users, special equipment use, the environment and environmental factors.

Signed:	

Date:	

Printed Name: _____