



ACKNOWLEDGEMENT OF RISK AND INFORMED CONSENT

To be completed for participants under the age of 19.

This *Acknowledgment of Risk and Informed Consent* form is an agreement between the custodial parent/guardian of the youth participant named below, the youth participant and Strathcona Park Lodge Ltd. (SPL). The intent of this form is to inform you of the activities and expectations of our programs so that the choice to participate in any SPL program is made freely and with understanding of the associated benefits, risks and responsibilities. Please discuss this with your child and have them initial and sign with you to show that they choose to participate.

This is not a waiver and signing this form DOES NOT waive your child’s legal rights.

PARTICIPANT’S NAME: _____

BENEFITS & RISKS

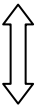
The activities offered at Strathcona Park Lodge are designed to pose appropriate challenges for participants. The enjoyment and educational benefit derived from outdoor activities is, in part, a result of risks inherent in these activities. The benefits of participation include developing self-confidence, leadership, teamwork and interpersonal skills, exposure to outdoor recreation activities, and nature education. While SPL strives to manage risk, it is neither possible nor desirable to eliminate all risk.

- SPL offers outdoor activities which include, but are not limited to: whitewater, flat water and ocean canoeing and kayaking; high and low ropes courses; zip lines; rock climbing; tree climbing; hiking; nature study; snow shoeing; caving; mountaineering; swimming; motor boating; sailing; backcountry camping, use of camp stoves and campfires; mountain biking; instructional courses; transportation; food & beverage; water supply; rescue & first aid services; and accommodation.
- Outdoor activities include inherent risks that may be different or greater than those risks normally assumed at home, work or school. These risks include but are not limited to: exposure to inclement weather, slipping, falling from a height, insect or animal bites, being struck by falling objects, immersion in cold water, hypothermia (cold exposure), hyperthermia (heat exposure), uneven terrain, stream crossings, travel on active logging roads, social or economic losses, loss or damage of personal property, injury, permanent disability, or fatality.
- Communication and emergency response times may be significantly longer than in urban settings.

WE UNDERSTAND

Parent Participant

PLEASE INITIAL



AGREEMENT

We understand and agree that participation in SPL activities requires the Participant to:

- Share the responsibility for the safety of their self and others during all activities.
- Follow all instructions and directions of SPL Instructors/Guides. Failure to do so may result in removal from the program at participant’s expense.
- Acknowledge the above risks and accept responsibility for all damages and loss resulting from their participation.
- We may contact SPL in advance if I have questions about the risks described above or pertaining to any other aspect of the program. More information can also be found at www.strathcona.bc.ca.
- This Agreement will be governed and interpreted in accordance with the laws of the Province of British Columbia.
- SPL respects the privacy of participants and will not identify individuals if using photographs or other images for educational, promotional or other purposes.

WE AGREE

Parent Participant

PARENT

Custodial Parent/Legal Guardian’s Printed Name

Custodial Parent/Legal Guardian’s Signature

Date

PARTICIPANT

Participant’s Printed Name

Participant’s Signature

Date



SCHOOL/GROUP:

PROGRAM DATE:

PARTICIPANT INFORMATION

Participant's Name:	Age:	Date of Birth (m/d/y):	Gender: M <input type="checkbox"/> F <input type="checkbox"/>
Address (street/city/province/postal code):			

Parent:	Emergency Contact:
Parent Email:	Relationship:
Home Phone:	Home Phone:
Alternate Phone:	Alternate Phone:

Doctor's Name:	Phone Number:
Provincial Care Card #:	
Other Health Insurance Provider:	Policy #:

SWIMMING ABILITY

<input type="checkbox"/> Able to swim 100m	<input type="checkbox"/> Able to swim 25m	<input type="checkbox"/> Non-swimmer
Non-swimmers: are you comfortable in deep water while wearing a lifejacket?		<input type="checkbox"/> Yes <input type="checkbox"/> No

ALLERGIES – Please provide an extra sheet if necessary.

EpiPen required for allergies?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, participant must bring two EpiPens with them.
Allergen/Trigger	Reaction	Treatment

DIETARY RESTRICTIONS

<input type="checkbox"/> None	<input type="checkbox"/> Vegan	<input type="checkbox"/> No Red Meat	<input type="checkbox"/> Gluten Free
<input type="checkbox"/> Vegetarian	<input type="checkbox"/> No Pork	<input type="checkbox"/> Lactose Intolerant	<input type="checkbox"/> Celiac Disease
<input type="checkbox"/> Other (please describe)			

HEALTH INFORMATION – Please attach a separate sheet or care plan if necessary

<input type="checkbox"/> Glasses/Contacts	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Recent Concussion	<input type="checkbox"/> Recent Injury (please describe)	<input type="checkbox"/> Bedwetting
<input type="checkbox"/> Hearing Aid	<input type="checkbox"/> ADHD	<input type="checkbox"/> Seizure Disorder	<input type="checkbox"/> Frequent infection (please describe)	<input type="checkbox"/> Sleep Walking
<input type="checkbox"/> Heart Condition	<input type="checkbox"/> Autism	<input type="checkbox"/> Migraine Headache	<input type="checkbox"/> Anxiety/Phobia (please describe)	<input type="checkbox"/> H/L blood pressure
<input type="checkbox"/> Other significant health information				
<input type="checkbox"/> Medications – Please list all prescription and non-prescription meds the participant will be taking while at Strathcona:				
<input type="checkbox"/> Tetanus Immunization – Please check if immunization is current. Year:				

CONSENT TO MEDICAL TREATMENT

In the event of a medical emergency, if I am not immediately contactable, I hereby give my consent to treatment to the health care providers (physicians, nurses, first aid attendants) chosen by the directors of Strathcona Park Lodge, to provide whatever health care treatment is medically necessary for the Participant named above.

I have completed this medical form accurately, truthfully, and to the best of my knowledge as of today's date.

Signature of adult participant or custodial parent/guardian for minors:	Date:
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