

Informed Consent, Acknowledgement of Risks Agreement for Youth Participants
(Participants under the age of 19 must have this form signed by a parent or legal guardian)

PLEASE READ CAREFULLY BEFORE SIGNING

CONSEIL SCOLAIRE FRANCOPHONE - NOV 5, 2019

PROVIDED BY PINNACLE PURSUITS

For Outdoor Education, Team-Building & Adventure Learning Programs

Welcome to your adventure experience! Pinnacle Pursuits, since 1997, has been providing action-based group learning experiences focusing on team-building, leadership training, and adventure programming. We work with youth, families, and companies domestically and world-wide. Our risk management policy and program standards for each event are of the highest priority.

ASSUMPTION OF RISK:

I, _____ (the parent/guardian) of _____ (child's name), acknowledge and are aware of, appreciate and accept the inherent physical risks and other possible risks, dangers and hazards associated with being a participant on a trip sanctioned by Conseil Scolaire Francophone. Activities involved in this trip may include: a Low Ropes challenge course, sports and games, as well as various leadership initiatives and team-building challenges. For more information on Pinnacle Pursuits, please visit www.pinnaclepursuits.com.

I understand that outdoor, adventure-based activities present to the participant a wide variety of risks, hazards and conditions, not all of them easily foreseeable, which could result in any type of physical injury or emotional impact. These conditions may include, but are not limited to uneven terrain, changeable weather conditions, animal and plant life, gear and equipment including various types of safety gear. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

I understand that Conseil Scolaire Francophone is not always equipped with the skills, training, equipment and insurance necessary to undertake these types of educational activities, and will at times need to enlist the aid of outside agencies that embody and abide by high professional standards within their industry. I acknowledge that the outside agency involved in this particular educational trip is Pinnacle Pursuits Inc. Pinnacle Pursuits and Conseil Scolaire Francophone have both read and sanctioned this Agreement.

I expressly agree and promise to accept and assume all of the risks existing in this activity that are in my control. My child does not have to participate in the activities if they do not feel comfortable or confident doing so. I certify that my child has no medical or physical conditions, which could interfere with their safety, or else I am willing to assume – and bear the costs of – all risks that may be created, directly or indirectly, by any such condition.

I understand that both the organization and the above-mentioned outside agency or agencies will approach this trip with both care and planning. While the trip is underway, they will endeavour to instruct, protect and care for the well being of my dependent, as would I in their place, including making decisions regarding the medical care of my dependent. I also understand that, following all trip activities that they will continue to maintain professional standards of behaviour regarding my dependent.

I understand that my dependent will be expected to uphold the standards of behaviour expected of them from the organization. (S)he will be expected to listen to and honour any request, suggestion, advice or rule given by the staff, employees of the outside agency selected by the organization, and other supervising adults on the trip, with the understanding that this is in the best interest of all participants. (S)he will be expected to act with responsibility and care for themselves, and for others on the trip.

ACKNOWLEDGEMENT:

I am aware that there are risks involved in this program, and have decided that I am prepared to allow my dependent to participate in the program and all activities involved in the program. I am content to allow them to proceed on the trip as they wish.

By signing below, I acknowledge that I have read and understood this Informed Consent Agreement, and that I have executed it voluntarily, understanding it to be binding upon myself, my heirs, administrators, executors, assigns, and representatives and am allowing my dependent to participant in this program.

DATE _____

Signature of custodial parent/guardian

Signature of Witness (must be of provincial age of majority)

Printed name of custodial parent/guardian

Printed name of Witness (must be of provincial age of majority)



Thank you for reading, completing and signing this informed consent agreement.

For more information please visit us at www.PinnaclePursuits.com.



PHOTOGRAPHY AND VIDEO RELEASE AGREEMENT:

NOTE: It is mandatory that you complete this section. Please check and sign to confirm your selection.

Pinnacle Pursuits may occasionally photograph or videotape participants for use in promotional/ advertisement materials or publications. By ticking the box below:

- I DO authorize Pinnacle Pursuits the right to photograph or videotape my Child during his/her involvement in a Pinnacle Pursuits program, in whole or in part, for the purposes of promoting Pinnacle Pursuits or any programs or services related to the Pinnacle Pursuits and its mandate free of any charges. I also agree that Pinnacle Pursuits may access, store, use, incorporate (alone or together with other materials), and disclose photographs or video footage of my child in video, print, and electronic media (including, without limitation, the Internet) in Canada and worldwide, in perpetuity.
- I DO NOT authorize Pinnacle Pursuits the right to photograph or videotape my Child during his/her involvement in a Pinnacle Pursuits program, as per the above paragraph.

Emergency Information:

(Participants under the age of 19 must have this form signed by a parent or legal guardian)

Parent/Guardian Signature: _____ Printed Name: _____

Address: _____

Province _____ Postal Code: _____ Date: _____

Home Phone: _____ Emergency Contact: _____ Phone #: _____

Medical Plan/Province: _____ Medical Plan #: _____

Please list any health conditions or medical issues that we ought to be aware of (including previous injuries, current medications, allergies, etc.): _____

What was the date of your last Tetanus inoculation or booster? Month: _____ Year: _____



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