STRATHCONA PARK LODGE

YOUTH CONSENT FORM

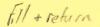
This Acknowledgment of Risk and Informed Consent form is an agreement between the custodial parent/guardian of the youth participant named below, the youth participant and Strathcona Park Lodge Ltd. (SPL). The intent of this form is to inform you of the activities and expectations of our programs so 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 an 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: lake, river and ocean canoeing and kayaking; stand up paddle boarding (SUP); high and low ropes courses; zip lines; rock climbing; tree climbing; hiking; backpacking; backcountry camping, including the use of camp stoves and campfires; orienteering, mountain biking on man-made features, trails and roads; nature study; snow shoeing; caving; swimming; sailing; 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: variable weather conditions, including storms, high wind, lightning; accidents which occur during transportation or travel to and from activity locations; loss of balance; difficulty or inability to control one's speed and direction; variation in steepness in terrain; rapid or uncontrolled acceleration on hills and inclines; slips and falls; overturning of boats; all water hazards including rocks, sweepers, strainers and currents; cold water immersion; creek or river crossings; rock fall; hypothermia; equipment failure; encounters with domestic animals and wildlife; collision with other persons, equipment, vehicles or objects; becoming lost or separated from the guides, instructors or other participants; failure to paddle, hike or cycle within one's own ability or within designated areas; infectious disease contracted through viruses, bacteria, parasites, and fungi which may be transmitted through direct or indirect contact; negligence of other persons; loss or damage of personal property; injury, permanent disability or fatality. Communication with emergency services may be difficult and in the event of an 					
accident or illness rescue, medical treatment and evacuation longer than in an urban setting.	WE UNDERSTAND - Please Initial				
AGREEMENT We understand and agree that participation in SPL activities requires the Participant to: • Understand and acknowledge the above risks and agree that participation is		Parent Youth			
 voluntary. 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. 					
 We may contact SPL in advance ifl have questions about the risks described above or pertaining to any other aspect of the program. More information can also be found at www.strathconaparklodge.com. 					
 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. 					
PARENT	YOUTH PA	RTICIPANT			
Custodial Parent/Legal Guardian's Printed Name	Participant's Printed Name				
Custodial Parent/Legal Guardian's Signature	Participant's Signature				

Date

Date



STRATHCONA PARK LODGE

MEDICAL FORM

This information helps us provide for your dietary and medical needs. PLEASE PRINT CLEARLY

SCH	OOL/GROUP:	Program Date:			
PARTICIPANT INFOR	RMATION				
Name:	Usual firs	Usual first name Age: Date of Birth (m/d/y):			
		Gender:	Preferred Pronoun:		
Address (street/city/prov	rince/postal code):				
BC Care Card # Other Health Insurance:					
Parent/Guardian:		Emergency Contact:			
Email:		Relationship:			
Phone:		Phone:			
Alternate Phone:		Alternate Phone:			
FOOD ALLERGIES	R_e_action (Br	ing two Epirens if required) Epi Pen required?			
				□Yes □ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	
FOOD RESTRICTIONS	8				
☐ Gluten Free	☐ No Red Meat		☐ Lacto ova vegetar	rian (eggs & dairy OK)	
☐ Celiac Disease	☐ Lactose intolerant (sm	nall amount OK)	☐ Lacto vegetarian (,	
☐ No Pork	□ Vegan		☐ Pescatarian (fish,		
☐ Other (use addition	nal page if necessary)				
ALLERGIES (Environ	mental or medication	Reaction	Treatment (bring	2 Epi Pens if required)	
HEALTH INFORMATION Please attach a separate sheet or care plan if necessary					
☐ Glasses/Contacts	☐ Diabetes ☐ Recent Concussion	☐ Recent Injury (d	escribe below)	☐ Bedwetting	
☐ Hearing Aid	□ ADHD □ Seizure Disorder	☐ Frequent infect	ion (describe below)	☐ Asthma	
☐ Heart Condition	☐ Autism ☐ Migraine Headach	ne □Anxiety/Phobia	(describe below)	☐ H/L blood pressure	
☐ Other significant h	ealth information:				
Prescribed Medications Please list medication name, what it is used for, dosage, time given.					
Tetanus Shot IMPOR	TANT INFORMATION Children in R	C receive a tetanus boo	oster in Kindergarten a	nd Grade 9	
Tetanus Shot IMPORTANT INFORMATION. Children in BC receive a tetanus booster in Kindergarten and Grade 9. ☐ Tetanus (within last 5 years) ☐ Tetanus (within last 10 years) ☐ Choose not to immunize					
Tetanus (within last 5 years) — Tetanus (within last 10 years) — Choose not to infindinge					
SWIMMING ABILITY Able to swim 100m Able to swim 25m Non-swimmer					
Non-swimmers: are you comfortable in deep water while wearing a lifejacket?					
Transfer are you connectable in deep water while wearing a mejacket:					
CONSENT TO MEDICAL TREATMENT In the event of a medical emergency, if I am not immediately contactable, I give my					
consent to treatment to the health care providers (doctors, hospital medical staff, first aid attendants) chosen by the					
directors of Strathcona Park Lodge, to provide whatever treatment is medically necessary for the Participant. I have completed this medical form accurately, truthfully, and to the best of my knowledge as of today's date.					
I have complete	d this medical form accurately, trut	hfully, and to the best	of my knowledge as	of today's date.	
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