



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: 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 may be significantly longer than in an urban setting.

WE UNDERSTAND - Please Initial

Parent

Youth

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 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 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.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 PARTICIPANT**

Custodial Parent/Legal Guardian's Printed Name

Participant's Printed Name

Custodial Parent/Legal Guardian's Signature

Participant's Signature

Date

Date

fill + return

STRATHCONA PARK LODGE

MEDICAL FORM

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

SCHOOL/GROUP: _____

Program Date: _____

PARTICIPANT INFORMATION

Name:	Usual first name	Age:	Date of Birth (m/d/y):
		Gender:	Preferred Pronoun:
Address (street/city/province/postal code):			
BC Care Card #		Other Health Insurance:	

Parent/Guardian:	Emergency Contact:
Email:	Relationship:
Phone:	Phone:
Alternate Phone:	Alternate Phone:

FOOD ALLERGIES	R_e_a_c_t_i_o_n (Bring two <u>Epi pens</u> if required)	Epi Pen <u>required?</u>
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

FOOD RESTRICTIONS

- | | | |
|---|---|---|
| <input type="checkbox"/> Gluten Free | <input type="checkbox"/> No Red Meat | <input type="checkbox"/> Lacto ova vegetarian (eggs & dairy OK) |
| <input type="checkbox"/> Celiac Disease | <input type="checkbox"/> Lactose intolerant (small amount OK) | <input type="checkbox"/> Lacto vegetarian (dairy OK) |
| <input type="checkbox"/> No Pork | <input type="checkbox"/> Vegan | <input type="checkbox"/> Pescatarian (fish, eggs & dairy OK) |
| <input type="checkbox"/> Other (use additional page if necessary) | | |

ALLERGIES (Environmental or <u>medication</u>)	Reaction	<u>Treatment</u> (bring 2 Epi Pens if required)

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 (describe below) | <input type="checkbox"/> Bedwetting |
| <input type="checkbox"/> Hearing Aid | <input type="checkbox"/> ADHD | <input type="checkbox"/> Seizure Disorder | <input type="checkbox"/> Frequent infection (describe below) | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Autism | <input type="checkbox"/> Migraine Headache | <input type="checkbox"/> Anxiety/Phobia (describe below) | <input type="checkbox"/> H/L blood pressure |
| <input type="checkbox"/> Other significant health information: | | | | |

Prescribed Medications Please list medication name, what it is used for, dosage, time given.

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

SWIMMING ABILITY ☐ Able to swim 100m ☐ Able to swim 25m ☐ Non-swimmer

Non-swimmers: are you comfortable in deep water while wearing a lifejacket? ☐ Yes ☐ No

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.

Signature of adult participant or parent/guardian for youth

Today's date (m/d/y)