



# Strathcona Park Lodge – Youth Consent Form

## 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.
- 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](http://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



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: M	F
Address (street/city/province/postal code):					
BC Care Card #			Other Health Insurance:		

<b>Parent/Guardian:</b>	<b>Emergency Contact:</b>
Email:	Relationship:
Phone:	Phone:
Alternate Phone:	Alternate Phone:

FOOD ALLERGIES	Reaction (Bring two Epi Pens if required)	Epi Pen required?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<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**

- Gluten Free
- Celiac Disease
- No Pork
- Other (use additional page if necessary)
- No Red Meat
- Lactose intolerant (small amount OK)
- Vegan
- Lacto ovo vegetarian (eggs & dairy OK)
- Lacto vegetarian (dairy OK)
- Pescatarian (fish, eggs & dairy OK)

**ALLERGIES (Environmental or medications)**

ALLERGIES (Environmental or medications)	Reaction	Treatment (bring 2 Epi Pens if required)

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

- Glasses/Contacts
- Hearing Aid
- Heart Condition
- Other significant health information:
- Diabetes
- ADHD
- Autism
- Recent Concussion
- Seizure Disorder
- Migraine Headache
- Recent Injury (describe below)
- Frequent infection (describe below)
- Anxiety/Phobia (describe below)
- Bedwetting
- Asthma
- H/L blood pressure

**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)