

Earthwalkers Cultural Camps Spring Break 2012



Date received: _____

Payment receipt # _____

Camps are \$35.00 per camper, per camp— these fees are needed to help cover costs for rentals , tickets, snacks . Cheques are payable to Surrounded by Cedar Child and Family Services—seats not guaranteed until fees are paid. Receipts available upon request Contact Sabrina if payment is a concern 250 383-2990 or sabrina@sccfs.com

camp 1 March 12th—16th camp 2 March 19th—23rd *check first choice*

Section 1: Participant Information—One form per registrant please.

Child Name: _____ Last Name: _____ Male Female

Address: _____ City: _____ Postal Code: _____

Age: _____ Date of Birth: _____ - _____ YR _____ Cultural Background/Nation: _____

School _____ Grade: _____

Emergency & Contacts

Caregiver/Parent Name _____ Home Phone (_____) _____ Cell Phone (_____) _____

Caregiver E-Mail: _____ (please print clearly)

Emergency Contact: _____ Emergency Phone:(_____) _____

Care Card #: _____ Family Doctor _____ Doctors Phone: (_____) _____

Social Worker/Guardian: _____ social workers' signature : _____

Health/wellness: What do we need to we be informed of so we can meet your child/youth's needs? Please check if applicable

- | | | | |
|--------------------------------------|---------------------------------------|--|---|
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Speech | <input type="checkbox"/> Emotional/Psychological | <input type="checkbox"/> MEDICATIONS : Please describe: _____ |
| <input type="checkbox"/> Visual | <input type="checkbox"/> Intellectual | <input type="checkbox"/> Medical restrictions | _____ |
| <input type="checkbox"/> Physical | <input type="checkbox"/> Learning | <input type="checkbox"/> Seizures | <input type="checkbox"/> No considerations |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> ADHD/ADD | <input type="checkbox"/> Other: please explain | _____ |
| <input type="checkbox"/> Behavioural | <input type="checkbox"/> FASD | <input type="checkbox"/> ALLERGIES: _____ | Treatment: _____ |

Fears or Phobias: (water, heights, dark, etc) _____ please advise so we can support your child

Swimming Ability

- Strong Swimmer (Deep Water/ Deep Pool) Weak Swimmer (Waist Deep/ Shallow End of Big Pool)
 Capable Swimmer (Up to Shoulder/ Shallow End of Big Pool) Non-Swimmer (Shallow Water Small Pool Only)

Permission—transport, safety standards, Declaration of understanding

I, the parent/caregiver or designated person will pick up _____ (Name) at the program completion time : Yes No

If No—Other Arrangements : _____ (for safety—please specify)

- I understand the staff team reserves the right to remove a child /youth from the Cultural Programs if deemed necessary to ensure the safety and wellbeing of other participants. I may be contacted to pick up my child if necessary.
- I understand that care and attention will be given to the safety of all participants but that Surrounded by cedar Child and Family Services, the Victoria Native Friendship Centre,. Contractors or volunteers cannot be held liable for any injury or loss, which was not directly caused by their failure to take due care.
- I understand that the cost of camp is \$35.00 (to be paid no later than the first day of camp if my child is accepted)
- I understand that completion of this application does not guarantee a spot for my child.
- I the parent/guardian, give permission for my child to participate in the Earthwalkers Program including scheduled outings as per the camp calendar

I have fully read and honestly disclosed all of the information requested in tall of the above sections.



Parent/Caregiver Signature _____ Date: _____



PHOTO CONSENT RELEASE FORM

Description of Photo or Information: Earthwalkers Spring Break Cultural Camps

Participant 's Name: _____

Parent/Caregiver name if Subject is a Minor: _____

We/ I understand that our/my daughter, son 's photograph, words or work may be considered for publication in our quarterly Newsletter, or website. The aforesaid may feature photos by your child/youth, and may have images of your child/youth.

We/I understand that the photograph or work will give photo credit to your child/youth. All photo/ information release forms will be kept on site at Surrounded by Cedar Child and Family Services.

I hereby give my permission for the photo/ work as described above to be put in your Newsletter or website

I DO NOT give my permission for the photo/ work as described above to be put in Newsletter or website

Parent 's/Caregiver 's Signature: _____ Date: _____

SCCFS or VNFC Representative: _____ Date: _____

Or witness if offsite: _____

Checklist and Consent- A complete application includes:

- Cultural Camp Registration form
- A signed Photo Consent Release Form
- waiver and liability for other group activities if applicable (e.g. rock climbing etc.)

PLEASE READ CAREFULLY!

Initial

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND ASSUMPTION OF RISKS AGREEMENT (hereinafter referred to as the "Release Agreement")
 By signing this document you will waive certain legal rights, including the right to sue or claim compensation following an accident.

TO: **Westshore Excursions Victoria Ltd. (dba WildPlay West Shore Victoria), WildPlay Ltd., West Shore Parks & Recreation Society** and their directors, officers, employees, agents, guides, independent contractors, subcontractors, suppliers, sponsors, successors, assigns and representatives (**all of whom are hereinafter referred to as "the Releasees"**).

DEFINITION:

In this Release Agreement the term "Adventure Activities" shall include all activities, events and services provided, arranged, organized, conducted, sponsored or authorized by the Releasees and shall include, but is not limited to: use of zip lines, suspended bridges, ladders, rope swings, bungee cords, cable swings and nets; all travel either within or beyond the designated boundaries, including on logging roads and trails; orientation and instructional courses and sessions; and other such activities, events and services in any way connected with or related to Adventure Activities.

ASSUMPTION OF RISKS

I am aware that participating in Adventure Activities involves many inherent risks, dangers and hazards including but not limited to: exposed and falling rock, earth, ice, trees or other natural objects; travel on back-country roads; negligence of other participants and other persons; hiking on rough and uneven terrain; changing weather conditions which may cause the trails and apparatus and zip lines to be slippery; equipment failure; failure to properly adjust or fasten equipment; improper use of equipment; falls; over-exertion; failure to remain within designated areas; impact or collision with trees, other participants or guides; and **NEGLIGENCE ON THE PART OF THE RELEASEES, INCLUDING THE FAILURE ON THE PART OF THE RELEASEES TO TAKE REASONABLE STEPS TO SAFEGUARD OR PROTECT ME FROM THE RISKS, DANGERS AND HAZARDS OF PARTICIPATING IN ADVENTURE ACTIVITIES REFERRED TO ABOVE. I FREELY ACCEPT AND FULLY ASSUME ALL SUCH RISKS, DANGERS AND HAZARDS AND THE POSSIBILITY OF PERSONAL INJURY, DEATH, PROPERTY DAMAGE OR LOSS RESULTING THEREFROM.**

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

In consideration of the RELEASEES agreeing to my participation in Adventure Activities and permitting my use of their services, equipment and facilities, and for other good and valuable consideration, the receipt and sufficiency of which is acknowledged, I hereby agree as follows:

1. TO WAIVE ANY AND ALL CLAIMS that I have or may in the future have against the RELEASEES AND TO RELEASE THE RELEASEES from any and all liability for any loss, damage, expense or injury, including death, that I may suffer or that my next of kin may suffer, as a result of my participation in Adventure Activities, DUE TO ANY CAUSE WHATSOEVER, INCLUDING NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE, INCLUDING ANY DUTY OF CARE OWED UNDER THE **OCCUPIERS LIABILITY ACT**, R.S.B.C. 1996. C. 337 ON THE PART OF THE RELEASEES, AND FURTHER INCLUDING THE FAILURE ON THE PART OF THE RELEASEES TO TAKE REASONABLE STEPS TO SAFEGUARD OR PROTECT ME FROM THE RISKS, DANGERS AND HAZARDS OF PARTICIPATING IN THE ADVENTURE ACTIVITIES REFERRED TO ABOVE;
2. TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES from any and all liability for any property damage, loss or personal injury to any third party resulting from my participation in Adventure Activities;
3. This Release Agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives, in the event of my death or incapacity;
4. This Release Agreement and any rights, duties and obligations as between the parties to this Release Agreement shall be governed by and interpreted solely in accordance with the laws of the Province of British Columbia and no other jurisdiction; and
5. Any litigation involving the parties to this Release Agreement shall be brought solely within the Province of British Columbia and shall be within the exclusive jurisdiction of the Courts of the Province of British Columbia.

In entering into this Release Agreement I am not relying on any oral or written representations or statements made by the Releasees with respect to the safety of participating in Adventure Activities, other than what is set forth in this Release Agreement. I confirm that I have read and understood the Release Agreement prior to signing it, and I am aware that by signing this Release Agreement I am waiving certain legal rights which I or my heirs, next of kin, executors, administrators, assigns and representatives may have against the Releasees.

Dated this _____ day of _____, 20____.

Participant	Signature:		Last Name:		Please Print		First Name:		Please Print	
	Street:				City:		Prov/State:		Postal/Zip Code:	
	Age:	Sex:	M/F	Email Address:			Phone Number: () -			
Witness Signature:				For participants under the age of 19		Parent/Guardian Signature:				
Witness Name: Please Print						Parent/Guardian Name: Please Print				

We will weigh you if weight information is required for the activity. Please read the appropriate activity box/boxes and initial to acknowledge the terms.

Monkido

Here's what happens:

Participants will be fitted into a sit harness by a guide and will then attend a training session. During the training session participants will be shown how to use the Monkido course. Participants must demonstrate the ability to use the equipment and manage risks properly before being allowed to proceed. On the Monkido aerial adventure course, participants must remain attached to a cable at all times and follow the rules of the course. In cases where an adult is required to supervise a child/youth, the supervising adult must watch or participate in the training session and ensure that the child/youth remains attached to a cable at all times and follows the rules of the course.

I understand and agree to the requirements for this activity

ZOOM Zip Lines - Whistler

Here's what happens:

Participants will be fitted into a flying harness and a helmet by a guide and will then attend a demonstration and practice session. During the training session participants will be made aware how to ride properly on the zip lines and will be briefed on rules that affect the safety for this activity. Participants will be transported on rough roads to the start of the first zipline. Participants will be exposed to heights on walkways and platforms. Participants will be attached and removed from the zip lines by guides. Participants must follow the rules and safety procedures and obey the instruction of the guides at all times.

I understand and agree to the requirements for this activity

Bungy Jump - Nanaimo

Here's what happens:

Participants are weighed by staff and then walk up steep stairs to a gated jump station on the bridge over the canyon. They will be attached to a bungee cord chosen for their weight and briefed on how to perform the jump. After jumping, participants are lowered to a floating platform in the river. Participants are then removed from the bungee cord by an assistant at the river level and taken on the float back to the dock before walking up the stairs back to the rim of the canyon.

I understand and agree to the requirements for this activity

Weight: _____

Canyon Zip - Nanaimo

Here's what happens:

Participants will be fitted in a harness by a guide and will then attend a demonstration and practice session. During the training session participants will be made aware how to properly ride the Canyon Zip lines and will be briefed on rules affecting the safety for this activity. Participants will be exposed to heights on small platforms. Participants will be attached and removed from the zip lines and safety cables by guides. Participants must follow the rules and safety procedures and obey the instruction of the guides at all times.

I understand and agree to the requirements for this activity

King Swing - Nanaimo

Here's what happens:

Participants are weighed by staff and then walk up steep stairs to a gated station on the bridge over the canyon. Participants are fitted into a modified sit harness as well as a flying harness. As participants are being attached to the swing cable, they are given short instructions about how to swing safely. Participants swing at high speed from the bridge down into the canyon and continue swinging until the boat retrieval catches them. The boat retrieval person will pull the participants into a boat on the river while they are lowered by the jumpmaster from the bridge. After being detached from the swing cables, participants are transported in the boat back to the dock before walking up the stairs back to the rim of the canyon.

I understand and agree to the requirements for this activity

Weight: _____

Privacy Policy:

WildPlay Ltd. and our affiliated companies collect and use personal information (first and last name, physical address, age and weight) to meet legal and insurance requirements for operating our park activities.

Guests providing us with their email addresses allow us to confirm their reservations and create unique guest profiles in our guest database. This allows us to be able to serve our guests more quickly and efficiently when they make future reservations or check-in at our parks. If guests provide us with additional permission, their email address is included in a database of guests seeking periodic communication from WildPlay. Guests can choose to have their email address removed from this database at any time.

WildPlay may use personal information in aggregate provided by our guests (city and age) for marketing and business development purposes.

WildPlay does not sell your information or provide your information to others outside of our organization and its affiliate companies.

Yes, please send me special offers and WildPlay news by email!

In addition to agreeing to WILDPLAY'S RELEASE, I understand and agree:

- To be bound by all of WildPlay's registration conditions;
- To familiarize myself with WildPlay's activity safety guidelines;
- To inform WildPlay of medical conditions that might affect my participation;
- That medical costs arising from participation at WildPlay are my responsibility;
- To permit the use of video and pictures of my activities for promotional purposes;
- and, TO HAVE A GREAT TIME AT WILDPLAY!