

**NOTICE TO PARENTS AND GUARDIANS,  
ACKNOWLEDGEMENT OF RISKS AND CONSENT FORM**

**PLEASE READ CAREFULLY!**

**PLEASE REVIEW AND COMPLETE THIS FORM PRIOR TO YOUR CHILD’S PARTICIPATION  
IN THE ACTIVITIES PROVIDED, ORGANIZED, ARRANGED, SPONSORED OR AUTHORIZED  
BY STRATHCONA PARK LODGE (SPL)**

<b>Name of Parent / Guardian</b>	First	Last	
<b>Contact Information</b>	Tel	Email	
<b>Name of Participant</b>	First	Last	Date of Birth (dd/mm/yyyy)

The “Activities” offered by SPL will include but are not limited to: lake, river and ocean canoeing and kayaking; stand up paddle boarding; 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; cycling; nature study; snow shoeing; caving; swimming; sailing; instructional courses; transportation; food & beverage; water supply; rescue & first aid services; and accommodation.

**BENEFITS & RISKS**

The activities offered at Strathcona Park Lodge are designed to pose appropriate challenges for participants. The enjoyment and educational benefit derived from these activities are, 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.

**ACKNOWLEDGEMENT OF RISK**

The Activities may take place in terrain that is uncontrolled, unmarked, and not inspected and participation in the Activities involves many risks, dangers and hazards including, but not limited to: variable weather conditions, including storms, high wind, lightning; accidents which occur during transportation or travel to and from activity locations; travel over extreme, mountainous or alpine terrain where fallen timber, branches, rocks, roots, logs, loose gravel or other obstacles or hazards, steep slopes or unstable ground may cause slips and falls; travel on, through or beside snowfields, glaciers, crevasses, streams, creeks, rivers, ponds and lakes; difficulty or inability to control one’s speed and direction; variation in steepness in terrain; rapid or uncontrolled acceleration on hills and inclines; rock slides and rockfall; equipment failure; all water hazards including rocks, sweepers, strainers and currents; cold water immersion; hypothermia; drowning; miscellaneous health problems related to over-exposure to the sun, effects of high altitude, insect bites, fatigue, stress, dehydration, exertion and lack of fitness; food poisoning; encounters with domestic animals including dogs, and wildlife, including bears and cougars; failure to act safely or within one’s own ability or stay within designated areas; becoming lost or separated from the instructor or party; infectious disease contracted through viruses, bacteria, parasites, and fungi which may be transmitted through direct or indirect contact.

Initial of Parent: \_\_\_\_\_

**RULES OF PARTICIPATION**

- Participation in the Activities is voluntary. All participants are required to follow all rules of the activities and the instructions and directions of SPL Instructors. Failure to do so may result in removal from the program.
- Additional information regarding the Activities can be reviewed at <https://strathconaparklodge.com>
- This Agreement will be governed and interpreted in accordance with the laws of the Province of British Columbia.

**I HAVE READ THE ACKNOWLEDGEMENT OF RISKS NOTICE AND UNDERSTAND THE RISKS DANGERS AND HAZARDS ASSOCIATED PARTICIPATING IN THE ACTIVITIES. I HAVE EXPLAINED THESE RISKS, DANGERS AND HAZARDS TO MY CHILD (PARTICIPANT) AND I CONSENT TO MY CHILD’S PARTICIPATION IN THE ACTIVITIES.**

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Name of Participant

\_\_\_\_\_  
Print Name of Parent/Guardian Clearly



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

SCHOOL/GROUP: \_\_\_\_\_

Program Date: \_\_\_\_\_

**PARTICIPANT INFORMATION**

Name: _____ <small>Usual first name</small>	Age: _____	Date of Birth (m/d/y): _____
	Gender: _____	Preferred Pronoun: _____
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

**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)	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)