



Okanagan  
Boys & Girls Clubs  
A good place to be

## Intro to Adventure 2018

### **Information and Form Package**

Dear parent or legal guardian,

Elevation Outdoors is running a program called “Intro to Adventure” this summer for youth ages 10-18 in the Okanagan. The “Intro to Adventure” camp will provide participants with an introduction to a variety of activities including, but not limited to, mountain biking, indoor rock climbing, hiking, adventure parks and outdoor rock climbing. The camps will run on a Tuesday, Wednesday, Thursday schedule each week. The program will utilize local operators that specialize in each activity to ensure the instruction is being provided by experienced staff who will provide the best learning environment possible while maximizing the experience.

The camps start each day at 9:00am for drop off through 4:00pm when your child will be ready for pick up.

**Pick up and drop off will be at:  
Martin Avenue Community Centre**  
9:00am drop off and 4:00 pick up.  
1434 Graham St, Kelowna, BC V1Y 3A8  
250-762-3914

**Lunch and snacks are the responsibility of the camper to bring with them, food is not provided. As the campers will be very active please ensure you pack enough lunch/snacks and water for a full day of activity.**

We are requesting that you fill out the forms attached stating that you have read and are aware of the inherent risks of this activity before your child is permitted to participate in the program.

Sincerely,

Mike Greer

Facilitator



**Please return the following documents completed to:**

**Email:** [receptionmacc@obgc.ca](mailto:receptionmacc@obgc.ca) and call 250-762-3914 with credit card information to have payment processed.

Or

Drop off completed package in person at **Martin Avenue Community Centre**, 1434 Graham St, Kelowna, BC V1Y 3A8 to pay via cash/debit/or credit(Visa or MC).

- Parent/Guardian Consent Form
- Waiver Form( Description of programs and inherent risks form)
- 3 page registration and medical form
- Beyond the Crux Climbing Gym Waiver
- Hoodoo Adventures Waiver
- Myra Adventure Park Waiver



## PARENT/GUARDIAN CONSENT FORM

I, \_\_\_\_\_, give consent for \_\_\_\_\_ to take part in the "Intro to Adventure" Program. I understand that my Participant will be in the care of the Elevation Staff and "Intro to Adventure" Instructors at all times until picked up by Parent/Guardian.

I understand that if my child's behavior is not appropriate I will be asked to pick up my Participant or He/She will be sent home at my expense (Please review Participant expectations below).

\_\_\_\_\_  
*Parent/guardian signature*

\_\_\_\_\_  
*Date*

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### Participant Behavior Agreement

I understand that when I am participating in the "Intro to Adventure" Program I am expected to follow the expectations as stated below. I also understand that "Intro to Adventure" Instructors are responsible for my Safety and well being.

#### Expectations

1. I will listen and take direction from all Instructors/facilitators/staff.
2. I will at all times let the Instructors know where I am.
3. I understand that if my behavior is not appropriate, I will be asked to leave and my Parent/Guardian will be contacted to pick me up.

\_\_\_\_\_  
*Participant Signature*

\_\_\_\_\_  
*Date*



**Description of programs and inherent risks**

Your child and/or children are about to take part in a one of a kind outdoor experience. Elevation Outdoors and the Okanagan Boys and Girls Clubs strive to provide the safest and most exciting outdoor experience possible. Through Staff training and well-developed policies and procedures we strive to minimize any risks to Participants in the program. The safety of our Participants is always the first priority with all of our activities. With this in mind we want Parents to understand the following risks that are inherent in our outdoor program.

Inclement weather is to be expected including, but not limited to, heat, cold, wind, rain, snow and violent storms. Sudden unexpected changes to the weather are part of an outdoor experience and should be expected. Participants must have proper adequate equipment and clothing to minimize the risk of injury due to exposure and to maximize the chance for a good adventure.

The inherent risks of injury to ones self include, but are not limited to, allergies (bees, wasps, hay, etc.), minor injuries (scratches, cuts, etc.), major injuries (sprains, strains, breaks, lacerations, anaphylactic shock, etc.) and head, neck and back injuries.

In an effort to make activities as safe as possible, it is vital that Participants follow all instructions concerning the safety and rules of each activity. Additional risks could develop if Participant does not carefully follow instructions and rules of activities.

I have read the attached letter and vendor waivers and understand the inherent risks in the activities of climbing, biking, hiking and adventure park use as well as the risks of participating in the "Intro to Adventure program". I give my child permission to participate in this program with this in mind.

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

Signature of Participant: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

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

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



**ELEVATION OUTDOORS** in partnership with **OKANAGAN BOYS AND GIRLS CLUBS**  
**2018 DAY CAMP REGISTRATION FORM**

Camp Attending (please circle): July 10/11/12    July 31/Aug 1/Aug 2    Aug 14/15/16

**Confidentiality:**

Any confidential information requested is for our records and for the funding our Organization receives. The answers you provide will be kept completely confidential. Your cooperation in providing this information is both appreciated and necessary.

**Camper Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Preferred or Nickname: \_\_\_\_\_ Date of Birth (mm/dd/yy): \_\_\_\_\_  
Gender: \_\_\_\_\_ Age at date of camp: \_\_\_\_\_

**Contact Parent and/or Legal Guardian Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Relationship: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Emergency Contact Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Relationship: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Is the camper an Okanagan Boys and Girls Clubs Member: \_\_\_\_\_

If yes, Which club: \_\_\_\_\_

Office Use Only: Fee Paid: \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_ Method of Payment: \_\_\_\_\_  
Staff Signature: \_\_\_\_\_ Confirmed Camp Date: \_\_\_\_\_



**Medical Information**

Medical Number: \_\_\_\_\_ Name of Family Dr: \_\_\_\_\_

Medical Clinic Name and Phone Number: \_\_\_\_\_

Please list any medications your child will be bringing to camp (include dosage): \_\_\_\_\_

Please list any Allergies: \_\_\_\_\_

Is there anything about your child's situation that we need to be aware of in regards to his/her participation in this program (example: behaviour or medical concerns)? Yes No

If Yes, Please Explain:

Do you give permission for your child to be given non-prescription medications for the following conditions?

Pain/fever (e.g. Tylenol, Advil) Y N

Cold/flu tablets Y N

Bites/stings/hay fever/allergy (e.g. antihistamine) Y N

Does your child have any of the following conditions?

Phobias Y N Diabetes Y N

Epilepsy Y N Bleeding disorder Y N

Heart condition Y N Migraines/headaches Y N

Seeing disorders Y N Hearing disorders Y N

Ankle/knee/joint problems? Y N

Please provide details of questions for which 'yes' was answered: \_\_\_\_\_

**I Declare that the information which I have provided on this form is complete and correct and that I will notify the program if any changes occur. I authorize the facilitator who is with my child to consent, where it is impractical to communicate with me, for my child to receive such medical or surgical treatment as may be deemed necessary.**

**SIGNED** ..... (Parent/ Guardian)

**DATE:** .....





**Authorization, Consents, and Waivers (Please sign or initial in each applicable area). Page 3**

Parent/guardian/member authorizes member to participate in surveys for program evaluation. Yes No

Initial: \_\_\_\_\_

**Medical Emergency** In case of accident or illness, I authorize the caregiver to administer first aid and/or to be taken to the nearest emergency centre by the Elevation Outdoors staff. I consent for my child to receive medical treatment. I consent that in the event of a severe illness/injury the means of transportation may be by ambulance at a cost to myself.

Yes No

Initial: \_\_\_\_\_

**Video and Photographs** There may be times when television, newspapers, or other photographers will want to take individual or group pictures of our campers taking part in activities. This would be done to promote Elevation Outdoors and/or Okanagan Boys and Girls Clubs and our programs through various media formats, which also includes social media.

I authorize Elevation Outdoor Adventures and Okanagan Boys and Girls Clubs to take and use individual or group pictures of my child as described.

Yes No

Initial: \_\_\_\_\_

I hereby, acknowledge that I am aware of the risks involved in and arising out of participation in activities offered. I therefore waive, release, forgo against Elevation Outdoors and Okanagan Boys and Girls Club, its members, organizers, sponsors, officers, supervisors, directors, employees, agents, workmen and any person(s) participating or assisting in the carrying out of the activities of the organization. I hereby agree to hold and save harmless Elevation Outdoors and Okanagan Boys and Girls Club for any claims, demands, suits, actions and/or causes of actions resulting from, or resulting out of, or occasioned by me or my child's participation in any or all of the activities of Elevation Outdoors and Okanagan Boys and Girls Club.

Parent/Guardian Consent \_\_\_\_\_



**RELEASE OF LIABILITY, WAIVER OF CLAIMS,  
ASSUMPTION OF RISK AND INDEMNITY AGREEMENT**

**Please note that by signing this agreement, you give up the right to sue for any injury or damages, howsoever caused.**

**TO: Beyond the Crux Climbing Gym Inc. ("the Company") and its directors, officers, employees, representatives and agents (collectively called "the Agents").**

I, \_\_\_\_\_ (PLEASE PRINT NAME CLEARLY) hereby sign this agreement on behalf of myself, my personal representatives, heirs and assigns.

1. I agree as a precondition to my participation in all events organized by "the Company" and/or "the Agents" including, but not limited to:
  - a. Indoor Rock Climbing  
  
(collectively referred to as "the Activities") and in further consideration of "the Company" allowing me to do so, that I will be strictly bound by the terms of this Release of Liability, Waiver of Claims, Assumption of Risk and Indemnity Agreement ("the Agreement").
2. I acknowledge that "the Activities" involve **inherent risks and dangers that may cause serious injury and possible death to participants.**
3. I fully understand the risks and dangers associated with my participation in "the Activities" and **accept same entirely at my own risk.**
4. I hereby **waive any and all claims** which I may have against "the Company" and "the Agents" and release "the Company" and "the Agents" from **all liability** for injury, death, property damage or any other loss sustained by me as a result of my participation in "the Activities", **due to any cause whatsoever; including negligence, breach of contract, or breach of any statutory or other duty of care** by "the Company" and/or "the Agents".
5. I appreciate that "the Agreement" limits the liability of "the Agents" to the same extent as it limits the liability of "the Company", even though "the Agents" are not formal parties to "the Agreement".

**I AM 19 YEARS OF AGE OR OLDER, AND I HAVE READ AND UNDERSTAND "THE AGREEMENT". I UNDERSTAND THAT THIS DOCUMENT CONTAINS A PROMISE NOT TO SUE "THE COMPANY" AND/OR "THE AGENTS" AND THAT IT CONSTITUTES A RELEASE OF LIABILITY AND AN INDEMNITY FOR ALL CLAIMS.**

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Witness Name

Email address \_\_\_\_\_

**I AM THE PARENT AND/OR LEGAL GUARDIAN OF THE PARTICIPANT, I HAVE READ AND UNDERSTAND AND AGREE TO EXECUTE "THE AGREEMENT" ON BEHALF OF CHILD/WARD. I HEREBY AGREE TO INDEMNIFY AND SAVE HARMLESS THE COMPANY AND AGENTS FOR ANY AND ALL CLAIMS, BY OR ON BEHALF OF OUR SAID CHILD IN RESPECT OF, OR ARISING OUT OF, ANY NEGLIGENCE, BREACH OF CONTRACT, BREACH OF STATUTORY DUTY OF CARE AS IT RELATES TO ALL THE EVENTS ORGANIZED BY "THE COMPANY" AND/OR "THE AGENTS".**

\_\_\_\_\_  
Name of Child

\_\_\_\_\_  
Date

Date of Birth \_\_\_\_\_

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Witness Name



Amateur Athletic  
Waiver and Release of Liability



In consideration of being allowed to participate in any way in the Hoodoo Adventure Company athletic sports program, related events and activities, the undersigned acknowledges, appreciates and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I for myself and on the behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Hoodoo Adventure Company, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHT BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

**FOR PARTICIPANTS UNDER THE AGE OF MINORITY (UNDER AGE OF 18 AT TIME OF REGISTRATION)**

This is to certify that I, as a parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above.

X \_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Print Parent Name

X \_\_\_\_\_  
Witness

\_\_\_\_\_  
Print Name

**Medical Information**

Does your child have any Medical Conditions we should be aware of (i.e. asthma, allergies to bees, foods or medications, diabetes, blood pressure, heart conditions, injuries, etc.): \_\_\_\_\_

Does your child carry personal medication for the above and will they be taking these during this event? If so, please provide relevant information: \_\_\_\_\_

When was the last time that your child used this medication?: \_\_\_\_\_

Is there any medical/physical or emotional information about your child that we should be aware of?: \_\_\_\_\_

May we use photos of you for marketing purposes?: \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

\_\_\_\_\_  
Print Student Name

**Assumption of Risks and Agreements of Release and Indemnity. PLEASE READ THIS DOCUMENT CAREFULLY!**

**It affects your legal rights in the event of an injury or other loss at Myra Canyon Adventure Park "the Park".**

**Myra Canyon Adventure Park is a business name of Androka Hospitality & Activities Ltd., 4675 June Springs Rd, Kelowna, BC.**

In exchange for the right to engage in the activities of the Park ("the Park") and the use of its and adjoining premises, facilities and equipment ("the Activities"), I, an adult (19 years of age and older) or parent or legal guardian of a minor child), acknowledge and agree as follows:

**Activities:** Activities associated with the Park include, among others, the following: participation in and on the Park's zip lines, bridges, nets, swinging logs, climbing walls, climbing logs, rope (and cable) swings and, ladders; and other aspects of the Park's training and orientation courses and adult and children's programs, including moving about the Park and the adjoining premises. These activities are more fully described in the Summary of Attractions, below. Each minor participant must be supervised at all times by a parent or legal guardian or other responsible adult appointed by the parent or guardian, as described at the Summary of Attractions.

**Risks:** I acknowledge that the activities involve risks and dangers that may cause serious injury and even death, and loss or damage to personal property. These risks are inherent in the activities and cannot be eliminated without altering their character and value. The risks include, among others, the following: moving about the premises, including terrain issues and encounters with wildlife; my, the child's or another participant's negligence and the negligence of the Park and its staff, including the improper use of safety equipment; the breakage and failure of equipment and structures, including but not limited to harnesses, lanyards, carabiners, pulleys, cables, platforms, ladders, and trees; changing weather conditions, including lightning, wind and other weather-related events; falling trees, branches, and other objects; and collision with trees, platforms, cables, or other participants or guides. Other risks may be encountered.

**Assumption of Risks:** I acknowledge that I, or the child, must wear the provided safety equipment to participate in or view the Activities. While Park staff members are available to train and monitor me, or the child, and to answer questions regarding the correct fit and use of the equipment provided throughout the program, each participant is responsible for his or her own safety. I assume all risks of participating in the activities, inherent or not and whether or not described above. If the participant is a minor, I have discussed the activities and risks with the child, who wishes to participate nevertheless.

**Release and Indemnity:** I, an adult participant or parent or guardian of a minor participant, hereby waive, release and agree not to sue Androka Hospitality & Activities and their respective owners, officers, directors, employees, contractors, and their respective heirs, executors and estates and personal representatives (the "Released Parties") with respect to any and all liability for injury, death, property damage or any other loss I, the child, or any member of our families may suffer, as a result of my or the child's participation in or viewing of the Activities, or moving about the Park and adjacent premises. I further agree to indemnify (that is, defend and protect, and pay or reimburse, including costs and attorneys fees) the Released Parties from any claim, by whomever it might be brought, including me, the child, other participants and members of my or the child's families, arising out of my or the child's participation in or viewing the activities or moving about the Park and adjacent premises. The claims hereby released and indemnified against include those due to any cause whatsoever, whether caused by the negligence of a Released Party, breach of contract, breach of warranty, strict liability, breach of a statutory (including the Occupiers Liability Act, R.S.B.C. 1996. C. 337) or other duty, or otherwise.

**Other:**

1. I consent to having photos and videos taken of me or the child, and consent to the publication of these photos and videos as well as any comments.
2. I acknowledge that due to the rugged and remote setting of the Park, access to hospital and medical facilities is limited. I consent to first aid and emergency medical care being administered or obtained by members of the Park staff. I am advised that the guides have received basic first aid and adult CPR training and are not trained medical personnel. I agree that I will be responsible for all costs of such medical treatment including any required evacuation as a result of an injury.
3. I have adequate health, disability and life insurance for myself or the child, and neither I nor the child is under the influence of drugs or alcohol while signing this Agreement or participating in the activities.
4. I agree that any litigation between me or the child or members of our families, on the one hand, and a Released Party, on the other, will be within the exclusive jurisdiction of the Courts of the Province of British Columbia, and the laws of British Columbia will apply to any controversy except to the extent they may call for the application of the laws of another jurisdiction.

**I CONFIRM THAT I AM 19 YEARS OF AGE OR OLDER, AND I HAVE FULLY READ AND UNDERSTOOD THIS AGREEMENT IN ITS ENTIRETY. I UNDERSTAND THAT BY SIGNING THIS AGREEMENT, I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR OTHERS MAY HAVE AGAINST THE RELEASED PARTIES, AND AGREE THAT I AM BOUND BY THIS AGREEMENT. I UNDERSTAND THAT IN THE CASE OF MY DEATH OR INCAPACITY, THIS DOCUMENT IS BINDING UPON MY HEIRS, NEXT OF KIN, ADMINISTRATORS, EXECUTORS AND REPRESENTATIVES.**

\_\_\_\_\_  
INITIALS  
\_\_\_\_\_

**Participant:**

Last name: .....  
First name: .....  
Age: .....  
Weight: .....  
email: .....  
Phone number: .....  
City/Province: .....  
Country: .....  
Signature \_\_\_\_\_

**If Participant is under age of 19**

Parent/Gardian Name:  
First name: .....  
Last name: .....  
Signature \_\_\_\_\_

**Witness**

Witness Name: .....  
Signature: \_\_\_\_\_

**Medical History**

Please let us know if you have, or in the past had any of the following:

- Heart palpitations, irregular heartbeat, heart murmurs or history of heart attack.....yes no
- Pregnant (only if currently).....yes no
- Diabetes.....yes no
- Seizure Disorders.....yes no
- Anaphylactic allergies. Specify:.....
- Asthma.....yes no
- Any physical or mental issues that may affect you today or be triggered by the activity: .....yes no

**Summary of Attractions**

**Adults/Youth High Ropes Challenge Course:**

Participants will:

- Be fitted into a harness and helmet by a guide.
- Be shown by a Guide how to properly use the equipment.
- Demonstrate the ability to use the equipment and manage risks properly before proceeding to the High Ropes Challenge Course.
- Remain attached to a cable at all times and be expected to follow the rules.

The Guardian must watch the instruction session, and be sufficiently close to the child, on the elements and elsewhere in the Park, to be able to observe safety issues and respond immediately should the need arise.

**Kinder Course and all other activities on the park area:**

Participants will be:

- Fitted with a helmet by the guide for the kinder course.

The Guardian is required to watch from the ground at all times

**Park area, ground games and disk golf:**

The park area outside the climbing courses is near to a canyon and is not observed. The Guardian is required to watch at all times. Usage of our fire pit only under surveillance of a guide.

**I understand and agree to the requirements of this activity and I am aware of the physical exertion required to participate in the Activities, and take it upon my own responsibility to choose to participate, given my medical history stated above.**