



Get a Grip: Spring 2019

Information and Form Package

Please return the following documents completed to:

1. Email: info@elevationoutdoors.ca

OR

2. Mail: P.O. Box 20071, Towne Centre, Kelowna, BC, V1Y 9H2

- Permission and Application Forms
- Medical Form
- Hoodoo Adventures Waiver
- Beyond the Crux Climbing Gym Waiver
- Proof of Eligibility(additional document required)

Dear parent or legal guardian,

Elevation Outdoors is running a program called "Get a Grip" this Fall for youth in the local area. Your child has expressed interest in the program and has been considered by their youth worker, teacher, or someone else to be a good candidate for participation.

The program involves teaching young people how to climb starting from an introductory level. The program will run primarily at Beyond the Crux Climbing Gym in Kelowna with 1-2 trips to an outdoor climbing area with a certified guide from Hoodoo Adventures to go climbing outdoors. It will run for 4 weeks, Monday and Wednesday evenings 5:00 – 7:30pm starting May 13th 2019 and ending June 9th, 2019.

This letter is to inform you of the program and the expressed interest, as well as the inherent risks in the activity of climbing. Injury or death to participants is always a possibility when engaging in climbing. These risks include, but not limited to: falling, mechanical failure of the equipment; loss of balance or control; variable and difficult climbing conditions; collision with walls, climbing holds, exposed or hidden structural supports or beams, or the floor; rope abrasion, entanglement and other injuries resulting from activities on or near the climbing wall such as, but not limited to climbing, belaying, rappelling, lowering on ropes, rescue systems and other rope techniques; Injuries resulting from falling climbers or dropped items, such as, but not limited to ropes, auto belays, climbing hardware or wall parts; failure of ropes, harnesses, slings, climbing holds, anchor points, or any part of the climbing wall; collision with other equipment or structures; collision with other persons; illness or trauma; the proximity of medical care which may or may not be readily available; the failure to act safely or within one's own ability or to stay within designated areas; negligence of other climbers and/or other persons; and negligence on the part of Elevation Outdoors Experiential Programs Association or its staff and volunteers, including the failure on the part of Elevation Outdoors Experiential Programs Association or its staff to safeguard or protect from the risks, dangers and hazards of the activities

We are requesting that you fill out the form below 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. We are also asking that you complete the attached medical form with all relevant details and BC medical numbers.

Sincerely,

Mike Greer

Facilitator

I have read the attached letter and understand the inherent risks in the activity of climbing, as well as the risks of participating in the 'Get a Grip' program. I give my child permission to participate in this program with this in mind.

Video and Photographs

Elevation Outdoors has permission to use my or my child's photograph/video/audio recordings to promote the organization. I understand that the images may be used in various formats not limited to print publications, online publications, presentations, websites, and social media.

Yes No Initial _____

Name of Participant: _____

Signature of Participant: _____

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____

Parents email address : _____

Initial _____ I give permission to Elevation Outdoors to contact me about future programs and opportunities that come available.

Initial _____ I give permission for Elevation Outdoors to provide my contact information to the Canadian Tire Jumpstart Foundation. As partial funders for this program they like to be able to contact you directly with future opportunities.



Name of Youth: _____

Best phone # to reach you on: _____

Age (as of May 1st, 2019): _____

Referring youth worker or teacher: _____

Place of residence/address (**and postal code**) as at 06/01/2019:

Are you a first time rock climber? (circle one) **Y** **N**

If no, how many days' experience have you had and how long ago? _____

Please give reasons **why you** want to participate in the 'Get a Grip' program (youth's words only please):

Can you be available **every** Monday and Wednesday evening from 5:00pm – 7:30pm from May 13th to June 5th and on Sunday May 26th and June 9th?

Y **N**

Please list any previously known conflicts with these days:

Are you able to meet at a central location (Orchard Park bus station) or Rutland 7-11 for transport to the program?

Y **N** (Please circle location)

Mail to: PO Box 20071 Towne Centre, Kelowna BC, V1W 9H2 or
info@elevationoutdoors.ca

Deadline: April 26, 2019

Participant's Medical Form

Name: _____

BC Med Care card # _____

Date of birth (year, month, day): _____

Parent/guardian's name: _____

Address: _____

Phone # (hm) _____ (wk) _____ (cell) _____

Emergency contact name: _____ ph # _____

Medical History

(please circle yes 'Y' or no 'N' to the following questions)

1. Has your child ever suffered any form of **Asthma** ? Y N

If yes, do they take any medication for it? What type?

2. Has your child ever suffered any form of **Allergy** ? Y N

If yes, what are they allergic to and what, if any, medication is taken?

3. 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: _____

4. Date of last Tetanus injection? _____

(if not within last 10 yrs, participant may receive a tetanus injection by a medical officer if they receive a tetanus prone wound)

Please finish on next page.

5. Is your child on any ongoing medications?

Please provide details of medications, dosage and frequency taken:

Do you give permission to your child to self-administer these medications? Y / N

6. 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

7. 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)? Y N

If Yes, please explain:

8. In the case of accident or illness, I authorize the caregiver to administer first aid and/or be taken to the nearest emergency center. I consent for my child to receive medical treatment. I consent that in the event of severe illness/injury the means of transportation may be by ambulance at a cost to myself. Y N

_____ Initial

I declare that the information which I have provided on this for 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 _____



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 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: _____

**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

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

Signature of parent/guardian

Print Name

Witness Signature

Witness Name