



Name of Youth: \_\_\_\_\_

Best phone # to reach you on: \_\_\_\_\_

Age (as of SEPT 1, 2019): \_\_\_\_\_

Referring youth worker or teacher: \_\_\_\_\_

Place of residence/address (**and postal code**) as at SEPT 1, 2019:

\_\_\_\_\_

Are you a first time hiker? (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 'Take a Hike' program (youth's words only please):

\_\_\_\_\_

\_\_\_\_\_

Can you be available **alternating** Tuesday & Thursdays and Tuesday & Saturdays from Sept 24th – Oct 20<sup>th</sup> (Weekdays from 2:30 – 6:30pm and Saturdays from 10 am – 2 pm)?    **Y**    **N**

Please list any previously known conflicts with these days:

\_\_\_\_\_

**Please indicate the type of spot you are applying for:**

Paid spot (\$200/participant - invoice will be sent once participant has been accepted into the program)

Full scholarship spot (please attach proof of eligibility, see below)

Partial scholarship (if you are not eligible for a full scholarship seat but would like to inquire about partial support, please select this option and we will follow up with you to discuss options!)

\* If applying for a scholarship seat, please email proof of eligibility to [programs@elevationoutdoors.ca](mailto:programs@elevationoutdoors.ca). To see our eligibility criteria, and approved documents, please visit <http://www.elevationoutdoors.ca/programs/> (and scroll down on the web page).

Are you able to meet at a central location, Xtreme Theatre West Kelowna (parking lot beside Dairy Queen), Orchard Park bus loop or Rutland 7-11 for transport to the program?

**Please circle above**

**Mail to: PO Box 20071 Towne Centre, Kelowna BC, V1W 9H2 or [info@elevationoutdoors.ca](mailto:info@elevationoutdoors.ca)**

**Deadline: (Sept 14<sup>th</sup>, 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 \_\_\_\_\_

**RELEASE OF LIABILITY, WAIVER OF CLAIMS,  
ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT  
(hereinafter referred to as the "Release Agreement")**

**BY SIGNING THIS DOCUMENT YOU WILL WAIVE OR GIVE UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE OR CLAIM  
COMPENSATION FOLLOWING AN ACCIDENT**

**PLEASE READ CAREFULLY!**

SIGNATURE OF PARTICIPANT

<b>Name</b>	Last	First	Middle Initial
<b>Address</b>	Street		
	City	Prov./State	Postal/ZipCode

**ORGANIZATION NAME:** Elevation Outdoors Experiential Programs Association and its **(their)** directors, officers, employees, instructors, guides, agents, representatives, independent contractors, subcontractors, suppliers, sponsors, successors and assigns (all of whom are hereinafter referred as **"the Releasees"**)

**DEFINITIONS**

In this Release Agreement the term **"Wilderness Activities"** shall include all activities, events or services provided, arranged, organized, sponsored or authorized by the Releasees including, but not limited to: hiking; backpacking; wildlife viewing; back country travel; orientational and instructional courses, seminars and sessions; accommodation; transport to and from the trail head or marshalling areas; and all other activities, events and services in any way connected with or related to these activities.

**ASSUMPTION OF RISKS**

I am aware that participation in Wilderness Activities involves many risks, dangers and hazards including, but not limited to: travel on extreme terrain, particularly high, exposed ridge tops, steep pitches, or where the trail or route is less defined and therefore rough or unstable; travel in areas where fallen timber, shrubbery, branches, rocks, roots or other obstacles or hazards may impede or hinder travel; travel on or through boulder fields, avalanche and landslide paths, snow fields and glaciers; travel across or beside creeks, streams, rivers, ponds and lakes; encounters with domestic and wild animals, sudden and unexpected changes or variations in the hiking terrain; collisions with motor vehicles and natural or man-made objects; miscellaneous health problems related to over-exposure to the sun, insect bites, fatigue, stress, dehydration, exertion, high altitude, and lack of fitness. Participants may become lost or separated from their guide or party. Communication in the alpine or backcountry terrain is difficult and in the event of an accident, rescue and medical treatment may not be immediately available. Alpine and back country weather conditions may be extreme and can change rapidly and without warning. I am also aware that a further risk, danger and hazard of Wilderness Activities is negligence, inattention, or inexperience of other persons in the party and NEGLIGENCE ON THE PART OF THE RELEASEES, INCLUDING THE FAILURE ON THE PART OF THE RELEASEES AND THE PROVINCE TO SAFEGUARD OR PROTECT ME FROM THE RISKS, DANGERS AND HAZARDS OF WILDERNESS ACTIVITIES REFERRED TO ABOVE.

I AM AWARE OF THE RISKS, DANGERS AND HAZARDS ASSOCIATED WITH WILDERNESS ACTIVITIES AND 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 the Wilderness Activities and permitting my use of their services, equipment and other 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 the Wilderness 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*, ON THE PART OF THE RELEASEES, AND FURTHER INCLUDING THE FAILURE ON THE PART OF THE RELEASEES TO SAFEGUARD OR PROTECT ME FROM THE RISKS, DANGERS AND HAZARDS OF PARTICIPATING IN THE WILDERNESS ACTIVITIES REFERRED TO ABOVE;
2. TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES for any and all liability for any property damage, loss or personal injury to any third party resulting from my participation in the Wilderness 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 where the Wilderness Activities take place and no other jurisdiction; and
5. Any litigation involving the parties to this Release Agreement shall be brought solely within the province where the Wilderness Activities take place and shall be within the exclusive jurisdiction of the Courts of that province.

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 the Wilderness Activities, other than what is set forth in this Release Agreement.

I CONFIRM THAT I HAVE READ AND UNDERSTOOD THIS 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.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Witness
Please print name clearly

Signature of Participant
Please print name clearly
Signature of Guardian if Participant is under age of majority