



Live to Ride: 2020 Application Form

Name of Youth: _____

Age (as of July 1st, 2020): _____

How did you hear about us? _____

Place of residence/address (**and postal code**) as of July 1st, 2020:

Do you self-identify as indigenous? **Y** **N**

If so, please circle: Metis - First Nations – Inuit – Unknown – Prefer not to answer

All information will be kept confidential in accordance with federal law and does not affect your eligibility for our programs, we collect this information to provide participant demographics to our funders.

Are you a first-time mountain biker? (circle one): **Y** **N**

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

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

Can you be available Monday and Wednesday (and one Thursday; last day) evening in July and August (July 6th – August 20th)?

(circle one) **Y** **N**

Please list any previously known conflicts with these days:

Please enter youth's height, weight, shirt and shoe size (for supply and rental purposes):

Parent/Guardian Email Address (this is where we will send notice of acceptance into the program and program information once accepted):

Elevation Outdoors Experiential Programs Association
P.O. Box 20071 Towne Centre
Kelowna, BC
V1Y 9H2



Pick Up Location

Please indicate which of our central locations you would like to be picked up and dropped off at, for transport to the mountain:

- Xtreme Theatre West Kelowna parking lot (beside Dairy Queen)
- Orchard Park bus loop
- Rutland Shell (Gerstmar and Hwy 33)
- Rutland 7-11 (Rutland Rd and Hwy 33)

Type of Spot

Please indicate the type of spot you are applying for:

- Paid spot (\$450/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 spot (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.

To see our eligibility criteria, and approved documents, please visit <http://www.elevationoutdoors.ca/programs/> (and scroll down on the web page).

Google Calendar Sharing

Elevation Outdoors has permission to share Google Cal dates with my and/or my child's email address (leave blank if not interested).

Parent's email address: _____

Youth's 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.

Elevation Outdoors Experiential Programs Association
P.O. Box 20071 Towne Centre
Kelowna, BC
V1Y 9H2



Permission to Participate in Elevation 'Live to Ride' Program 2020

Dear parent or legal guardian,

Elevation Outdoors is running a program called 'Live to Ride' over the summer for youth in the local area.

The program involves teaching young people to mountain bike starting from the elementary level. It will be using various terrain within the Okanagan valley, including cross country and downhill mountain biking. The program also involves reflecting upon these experiences and using it as a metaphor for life experiences and learning. It will run for 8 weeks during summer, starting the week of **July 6th, 2020** and ending by **August 19th, 2020**. The program is going to run on **Monday and Wednesday afternoons, and one Thursday**. The participants will go to Big White for downhill riding twice during the program, on Monday, July 27th and Thursday August, 20th, for a full day.

This letter is to inform you of the program and the expressed interest, and also of the inherent risks in the activity of mountain biking. On my behalf, and on the behalf of any minor children participating in these activities, for whom I am legally responsible, I agree to the following: ASSUMPTION OF RISKS: I am aware and understand that MOUNTAIN BIKING activities involve many risks, dangers and hazards, including but not limited to the following: I acknowledge and accept that mountain biking involves risks, dangers and hazards in addition to those normally associated with bicycle riding and that injuries are a common and expected part of mountain biking. The Live to Ride program may take place on steep and rugged terrain and will expose the rider to many risks, dangers and hazards. The terrain may be un-inspected, uncontrolled and unsafe due to constantly changing conditions. The inherent risks, hazards and dangers include but are not limited to the following: collision with other riders, vehicles, bicycles, trees, tree stumps, tree wells or other objects; fences and other man-made structures; mechanical failure of equipment; rapid and uncontrolled acceleration on hills and inclines; changing weather conditions; unsafe terrain including steep or slippery sections, cliffs, rocks, holes, or crevices; extreme variation in cycling terrain; encounters with domestic and non-domestic animals; falling or being thrown off the mountain bike; negligence on the part of the Elevation Outdoors – including the failure to protect the participant from the risk, dangers and hazards of mountain biking or to predict the whether the terrain is safe for mountain biking; negligence of other riders. I understand and acknowledge that no amount of caution, experience and instruction can eliminate all of the risks involved and I freely assume all such risks, dangers and hazards and the possibility of personal injury, death, property damage and damages or loss resulting therefrom.

Elevation Outdoors Experiential Programs Association
P.O. Box 20071 Towne Centre
Kelowna, BC
V1Y 9H2



I understand and acknowledge that no amount of caution, experience and instruction can eliminate all of the risks involved and I freely assume all such risks, dangers and hazards and the possibility of personal injury, death, property damage and damages or loss resulting therefrom.

Elevation is 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 requesting that you fill out the attached medical form with all relevant details and BC medical numbers.

Please be assured that all appropriate safety measures and risk management practices will be exercised while the program is being delivered. Helmets are mandatory. Body armour will also be worn on the downhill days. Participants will be supervised during all bike trips, and 'black' or most difficult runs will not be utilized unless appropriate skill has been demonstrated beforehand. It is our intention to create a lasting, learning experience for the young people involved and we will be taking their safety very seriously.

Sincerely,
Mike Greer
Facilitator

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

Name of parent/guardian: _____

Signature of parent/guardian: _____

Signature of Participant: _____

Date: _____

Elevation Outdoors Experiential Programs Association
P.O. Box 20071 Towne Centre
Kelowna, BC
V1Y 9H2



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 _____

Contacting Youth

Elevation Outdoors has permission to contact my child by phone (text or call) to confirm program attendance and to communicate with as need arises, during or between program dates.

Yes No Initial _____

Youth phone number: _____

**Mail to: PO Box 20071 Towne Centre, Kelowna BC, V1W 9H2 or email to
info@elevationoutdoors.ca
Deadline: June 29th, 2020**

Participant's Medical Form

Name of Youth: _____

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**

Previous concussion(s) **Y N**

Bleeding disorder **Y N**

Heart condition **Y N**

Migraines/headaches **Y N**

Seeing disorders **Y N**

Hearing disorder **Y N**

Epilepsy **Y N**

Ankle/knee/joint problems? **Y N**

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

In the last 14 days, has your child exhibited any of the symptoms of COVID-19 (ie. fever, dry cough, tiredness, shortness of breath/difficulty breathing)?

Yes ___ No ___

4. Date of last Tetanus injection? _____

(if not within last 10 years, 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 _____

**COVID 19
RELEASE OF LIABILITY, WAIVER OF CLAIMS,
ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT**

**BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN
LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.**

PARENT/LEGAL GUARDIAN

NAME(S): _____

(the "Guardian") _____

ADDRESS: _____

PARTICIPANT/CHILD

NAME: _____

(the "Participant")

ASSUMPTION OF RISKS

I/ we, the undersigned, are aware that:

- (a) the Province of British Columbia has declared a State of Emergency as a result of the Covid 19 pandemic;
- (b) the Provincial Health Officer has provided guidelines for the prevention and control of Covid 19, and **ELEVATION OUTDOOR EXPERIENTIAL PROGRAMS ASSOCIATION ("Elevation")** is offering outdoor experiential programs to children, with rules and procedures in place to follow the provincial guidelines, however Elevation cannot and does not guarantee that the Participant will not come into contact with the Covid 19 virus as a result of participating in Elevation Programs;
- (c) participating in the programs provided by **Elevation** involves inherent risks as a result of the interaction between participants, instructors, and other people, shared equipment, and excursions to public spaces, including the risk of exposure to the Covid 19 virus, and the risk of contracting and spreading the Covid 19 virus, and any related infections or complications;
- (d) if Elevation has reason to believe that the Participant has been exposed to the Covid 19 virus, or is showing any symptoms of the Covid 19 virus, Elevation will not allow the Participant to continue participating in the Elevation programs, and will not be able to provide a refund, if applicable, for any paid spots in Elevation programs.

I/we are the parent(s) or legal guardian of the Participant. I/we are aware that participating in programs provided by Elevation involves an inherent risk of contracting and/or spreading the Covid 19 virus. I am also aware that the risks, dangers and hazards referred to above exist throughout the entire duration of the Elevation programs, and that the Participant may remain asymptomatic for an extended period of time after participating the Elevation programs, even though the Participant may have come into contact with the Covid 19 virus, and the Participant may be contagious.

I/ we confirm that Elevation has made no representations, warranties or other assurances with respect to the safety of participating in Elevation programs and has warned me of the risks associated with the Participant participating in Elevation programs. I/we freely accept and fully assume all such risks, dangers and hazards and

the possibility of infection, illness, associated medical complications, personal injury, death, mandatory quarantine or self-isolation measures to the Participant and the Participant's household or family members, as well as damage or loss, resulting therefrom.

I/we acknowledge and agree that this waiver will continue to apply even if the Provincial State of Emergency is lifted, and that Elevation reserves the right to refuse participation for anyone based on a suspected case of COVID-19 or suspected exposure to it, or if any Participant refused to follow safety protocols.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

In consideration of the Participant being permitted to participate in Elevation programs, I/ we hereby agree as follows:

1. TO WAIVE ANY AND ALL CLAIMS that I/we have now or may in the future have against Elevation in connection with the Participants participation in Elevation programming, including Elevation's directors, officers, employees, agents, and representatives (all of whom are hereinafter collectively referred to as the "RELEASEES");
2. TO RELEASE THE RELEASEES from any and all liability for any loss, damage, injury or expense that I/we or the Participant may suffer as a result of the Participant participating in Elevation programs due to Covid 19, or 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;
3. TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES from and against any and all claims, actions, damages, liability and expenses in connection with loss of life, personal injury sustained or damages arising from the Participant participation in Elevation programs, including the loss of any registration fees, and to indemnify Elevation from and against any claims that the Participant may have, now or in the future, against Elevation as a result of the Participant participating in Elevation programs; and
4. This agreement shall be effective and binding upon my/our heirs, next of kin, executors, administrators, assigns and representatives in the event of my/our death or incapacity.

In entering into this Agreement, I/we am not relying upon any oral or written representations or statements made by the Releasees other than what is set forth in this Agreement.

I/WE HAVE READ AND UNDERSTAND THIS AGREEMENT AND I/WE ARE AWARE THAT BY SIGNING THIS AGREEMENT I/WE ARE WAIVING CERTAIN LEGAL RIGHTS WHICH I/WE OR MY/OUR HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST THE RELEASEES.

Signed this _____ day of _____, 20_____

WITNESS (Print Name)

Signature of Parent/Guardian

Signature of Witness

Signature of Parent/Guardian

Signature of Witness

This agreement must be completed in full, signed, dated and witnessed before visiting the Property.