



READ CAREFULLY
CAMP ACTIVITIES

Please complete form,
sign and submit
the original copy to
Camp Summit

Adult (teacher/chaperone) Consent, Acknowledgement of Risk 2021

Adult First and Last Name (Please print): _____ Dates at Camp Summit (D/M/Y) _____

School/Group Name: _____

ACTIVITIES

Camp Activities may take place in a wilderness environment and may include: rock and wall climbing, rappelling, abseiling,

bouldering, hiking, backpacking, high or low ropes course activities, swimming, white-water rafting, sea kayaking, canoeing, stand-up paddle boarding, mountain biking, archery, dog sledding, snow shoeing, snowboarding, downhill and cross country skiing, fire building and cooking, camping for several nights in remote, wilderness areas in developed and undeveloped campgrounds (the "Activities"). The Activities may also include transportation, sometimes at night, to and from Camp Summit. Transportation may include water taxi, bus, and passenger vehicles. Activities and Programs may occur at alternate sites and locations including the School itself or local parks, deemed to meet the Camp Summit & BC Camping association standards. These alternate locations will be determined by both the School and Camp Summit.

I acknowledge that engaging in activities at Camp Summit require a degree of skill and knowledge different than regular activities at school and the adult has additional responsibilities as a participant at camp to act prudently and carefully. Certain hazards and risks are inherent to the Activities at camp and eliminating the hazards and risks would compromise the unique character of the camp experience. These inherent hazards and risks can result in loss, or damage to equipment, personal property, or injury, illness or death.

In addition to the hazards and risks described above, the hazards and risks of the Activities may also include, but are not limited to, the following: acts of other participants (including from the failure of other participants to follow instructions or obey safety regulations), manufacturers defects or malfunctions in equipment, weather conditions (including unforeseen, inclement or intemperate weather), consumption of food and drink, fire, first aid, emergency treatment, or other services provided.

Camp Summit will not have medical personnel, other than Wilderness First Responder and/or OFA Level 2 certified staff, at the location of the camp Activities or at Camp Summit.

NOTICE TO PARENT/GUARDIAN

It is a condition to the Adult's participation in the Activities, that you, the undersigned Adult, must carefully read and understand this document and sign it to acknowledge that you have read and understand it and that you understand the Adult participation in the Activities will expose the Adult to risks of harm.

ADULT RESPONSIBILITY

I, the undersigned Adult, understand and accept that, in respect of the Adult's participation in the Activities, it is my responsibility (1) to ensure that I consider and understand the risks, dangers, hazards and potential harm inherent in the Activities, (2) to determine, taking into consideration those risks and the Adult's behavioural characteristics, physical health and abilities, whether the Adult should be allowed to participate in the Activities, (3) to have read and completed in full the Medical Form provided by Camp Summit, (4) to have read the clothing and equipment list provided by Camp Summit, and I accept full responsibility for inadequate clothing or equipment and for clothing and equipment which I fail to provide to the Adult, (5) to contact the staff of Camp Summit to more fully explain to the nature and physical demands of the Activities and the risks, dangers, hazards and potential harm inherent in the Activities.

AWARE OF RISKS

I AM AWARE OF AND NOW FREELY ACCEPT THE RISKS TO THE ADULT IN CONNECTION WITH HIS OR HER PARTICIPATION IN THE ACTIVITIES, INCLUDING AS FOLLOWS:

- (1) the Adult's participation in the Activities, even if the Adult possesses behavioural characteristics, physical health and abilities appropriate for the Activities, poses risks of harm to the Adult;
- (2) the nature of the Activities are such that Camp Summit cannot identify all risks associated with the Activities and cannot guarantee that Camp Summit staff participating in the Activities will not make errors therein or that other children participating in the activities will not cause injuries therein that staff can or might be able to prevent.

I, THE UNDERSIGNED ADULT, HEREBY CONSENT THEM TO PARTICIPATING IN THE ACTIVITIES.

In signing this document and permitting the Adult to participate in the Activities, I do not rely upon any oral and written statements, promises or other communications made by Camp Summit other than set out in this document. This document will be exclusively governed by and interpreted in accordance with the law of British Columbia and no court outside British Columbia will have any jurisdiction over this Consent, the Activities, or any other matter arising from them.

Signature of Adult: _____

DATE _____



Adult Medical Form for Outdoor Education 2021

Name: _____

School: _____

Emergency Contact name: _____

Relationship: _____

Emergency Contact phone numbers in order they should be called:

Care Card #: _____

Medical information:

Do you have any allergies (list and explain treatment)?

Do you have any medical conditions we should be aware of?

Do you have any history of injury we should be aware of? (I.e Concussion)

Dietary Restrictions or Preferences

Signature: _____ Date: _____