



**WILLOUGHBY CHURCH CADET MINISTRY
OFF-SITE ACTIVITY CONSENT OF PARENT/GUARDIAN
AND ACKNOWLEDGEMENT OF RISK**



INSTRUCTIONS

1. Please read the contents of this Consent and Acknowledgement of Risk form.
2. Clarify any questions or concerns with the Cadet Team Leader, Mark Griffioen, BEFORE signing it.
3. If this form is not signed and submitted to Mark Griffioen, your child WILL NOT BE ALLOWED TO ATTEND.
4. Please keep a copy of this form for your records.

PROGRAM/ACTIVITY INFORMATION

DESTINATION/ACTIVITY: Whistler Lost Lake Bicycle Tour and Overnight Stay in Griffioen Cabin (8613 Drifter Way, Whistler, BC)

DATE: 6:00 pm Friday – September 20, 2019 – 5:00 pm - Sunday, September 22, 2019 (2 nights)

PURPOSE: To have fun together, exercise, and experience outdoor recreation.

METHOD OF TRANSPORTATION: Vehicles owned and driven by Cadet leaders and/or parents.

TEAM LEADER: Mark Griffioen

TOTAL NO. OF SUPERVISORS PLANNED: 1 Leader for every 2 Cadets

COST: \$40

EQUIPMENT: bicycle, helmet, bathing suit & towel, bedding, toiletries.

CADET MINISTRY RESPONSIBILITIES

The Cadet Ministry will make every reasonable effort to ensure or ascertain that:

- a. All Cadet Leaders involved are suitably trained and qualified.
- b. The Cadet boys are adequately supervised during all aspects of the activities involved.
- c. The location(s) used are appropriate and safe for the activity(ies) and group.
- d. A Safety Plan is in place to identify and manage known potential risks.
- e. An Emergency Plan is in place to deal with an injury or illness to any of the students.
- f. Children and adults will not share mixed sleeping arrangements.

POTENTIAL KNOWN RISKS

Potential known risks include the following:

Injuries related to vehicle crashes en route to and from Willoughby Church/Whistler

Becoming lost or separated from the group or the group becoming split up;

Injuries related to falling off the bike;

Injuries related to colliding with another cyclist in the group;

Injuries related to being struck by a vehicle;

Injuries related to the physical demands of the activity and/or lack of cycling skill;

Delays due to significant equipment malfunction;

Hypothermia due to insufficient clothing;

Allergic reactions to natural toxins in the environment (e.g., bee or wasp sting); Other risks normally associated with participation in the activity and environment

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CONSENT AND ACKNOWLEDGEMENT OF RISK

Destination/Activity/Program: Bicycle Tour of Lost Lake Trails at Whistler/Overnight at Griffioen Cabin Date: 6:00 pm - Friday, September 20, 2019 – 5:00 pm - Sunday, September 22, 2019

- 1.I acknowledge that my child will be going to the Griffioen cabin in Whistler to participate in recreational bicycle riding at Lost Lake.
- 2.I accept the mode of transportation for all activities.
- 3.I acknowledge my right to obtain as much information as I require about this activity and its associated risks and hazards, including information beyond that provided to me by the Cadet Leaders.
- 3.I freely and voluntarily assume the risks/hazards inherent in the program/activity and understand and acknowledge that my child may suffer personal and potentially serious injury arising from his participation.
- 4.My child has been informed that he is to abide by the rules and regulations, including directions and instructions from the Cadet Leaders during all phases of the program/activity.
- 5.In the event my child fails to abide by these rules and regulations, disciplinary action may require his exclusion from further participation, or that I will be contacted to have him picked up, unless I have specified other transport arrangements and I will be responsible for any associated costs.
- 6.I acknowledge that it is my duty to advise the Cadet Leader, Mark Griffioen, of any medical/health concerns of my child that may Affect his participation.
- 7.I acknowledge that the Cadet Leaders may choose to cancel the trip if travel conditions are deemed unsafe (e.g., weather, health advisory). I accept that the Cadet Ministry will not be liable for any costs associated with such a cancellation.
- 8.I acknowledge that the designated Cadet Leaders may secure transport to emergency medical services as they deem necessary for my child's immediate health and safety, and that I shall be financially responsible for such services.

CONSENT AND ACKNOWLEDGEMENT OF RISK

Based on my understanding, acknowledgement, and consents as described herein, I agree that

(Name of Child) _____ (Date of Birth) _____

has my permission to participate in the:

Willoughby Church's Cadet Ministry Whistler Bike Tour 2018.

Date: _____ Name (*Please print*): _____

Signature: _____

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EMERGENCY MEDICAL INFORMATION

This portion of the form must be completed. This information will be necessary in the event of a medical emergency.

BC Medical Services Plan Personal Health No.: _____

Name of Physician _____ Phone # _____

Allergies (e.g., specific drugs, certain foods, insect stings, hay fever) Specify:

Reaction(s) to above?

Carries Epi pen? Yes No Carries Ana Kit? Yes No

Medical/physical conditions that may affect participation in the stated program/activity (e.g., recent illness or injury, recent hospitalization or surgery, chronic conditions, phobias, etc.). Be specific:

Specify the condition(s) and requirements for program modification or specific activities your child should not participate in:

Medication(s) taken at this time (name, reason, dosage, storage, potential side effects/treatment of such):

Other Health/Medical/Dietary Concerns:

Emergency Contacts:

1)

Phone: (H) _____ (W) _____ (C) _____

2)

Phone: (H) _____ (W) _____ (C) _____