



Informed Consent, Acknowledgement of Risks Agreement – YOUTH (0-18 years)

CAMP GOODTIMES

Summer Camp 2012

About Pinnacle Pursuits:

Welcome to your adventure experience! Pinnacle Pursuits provides action-based group learning experiences focusing on team-building, leadership training, and adventure programming. We work with youth, families, and companies domestically and world-wide. Our risk management policy and program standards for each event are of the highest priority. Visit us at www.PinnaclePursuits.com. Thank you for reading, completing and signing this waiver form.

To be completed by Parent/Guardian on behalf of Dependent:

I, _____(the parent/guardian) of _____(camper's name), recognize that my dependent will be involved in unique adventure-based activities during a summer camp sanctioned by Camp Goodtimes. Activities involved in this camp may include rock-climbing, a low ropes challenge course and/or a high ropes challenge course as well as other outdoor/adventure activities and team-building initiatives.

I understand that outdoor, adventure-based activities present to the participant a wide variety of risks, hazards and conditions, not all of them easily foreseeable, which could result in any type of physical or emotional injury. These conditions may include, but are not limited to uneven terrain, changeable weather conditions, animal, insect and plant life, gear and equipment including various types of safety gear. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

I understand that the organization is not always equipped with the skills, training, equipment and insurance necessary to undertake these types of educational activities, and will at need enlist the aid of outside agencies that embody and abide by high professional standards within their industry.

I acknowledge that the outside agency involved in this particular summer camp is Pinnacle Pursuits Inc., a highly reputable company, and that they have both read & sanctioned this Agreement.

I understand that both Camp Goodtimes and the above-mentioned outside agency or agencies will approach this camp with both care and planning. While the camp is underway, they will endeavour to instruct, protect and care for the well-being of my dependent as would I in their place. I also understand that, following all camp activities that they will continue to maintain professional standards of behaviour regarding my dependent.

I understand that my dependent will be expected to uphold the standards of behaviour expected of them from the Canadian Cancer Society. (S)he will be expected to listen to and honour any request, suggestion, advice or rule given by the staff, employees of the outside agency selected by the organization, and other supervising adults of the camp, with the understanding that this is in the best interest of all participants. (S)he will be expected to act with responsibility and care for themselves, and for others participating in the camp.

I am aware that there are risks involved in this program, and have decided that I am prepared to allow my dependent to participate in the program and all activities involved in the program. Participation in activities is purely voluntary, and if there is something (s)he is not feel comfortable with, emotionally, socially and/or physically, they will have the option on how to choose to participate. I am content to allow my dependent to proceed during the camp as they wish.

**I have read this agreement at my leisure, and have understood its nature and its contents.
Please allow my dependent to participate in this program.**

Parent or Guardian's Additional Information (Must be completed for participants under the age of 19)

Parent/Guardian Signature: _____ Printed Name: _____

Address: _____

Province _____ Postal Code: _____ Date: _____

Home Phone: _____ Emergency Contact: _____ Phone #: _____

Medical Plan/Province: _____ Medical Plan #: _____

Please list any health conditions or medical issues that we ought to be aware of (including previous injuries, current medications, allergies, etc.):

What was the date of your last Tetanus inoculation or booster? Month: _____ Year: _____



Informed Consent, Acknowledgement of Risks Agreement – ADULT (19+)

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Company and Event Description

Pinnacle Pursuits is a Vancouver, Canada based company that provides highly effective customized adventure team-building programs. We work with groups of all sizes and have worked in Canada, the U.S. and the U.K. Typically, through unique team-building experiences and events, we work on certain areas of group dynamics including leadership, trust, team cohesion, goal-setting, strategy, communication, enhanced creativity, problem solving, risk-taking, productivity and of course celebration and fun! Our risk management policy for each event is of a highest priority. Your participation in these activities is purely voluntary, and if there is something you do not feel comfortable with, emotionally, socially and/or physically, you will have the option on how you choose to participate. For more information you may check us out on the web at www.PinnaclePursuits.com

This program is designed specifically for Camp Goodtimes. Pinnacle Pursuits will be facilitating a selection of options in the realm of adventure-based learning initiatives. Activities during this program may include the following: rock-climbing, a low ropes challenge course and/or a high ropes challenge course as well as other outdoor/adventure activities and team-building initiatives.

We ask that you dress appropriately for an outdoor experience and that you are prepared for the cold and the rain if necessary. Thank you for reading and signing the form below and also for completing the medical history information form.

Participant's Acknowledgment of Risks Agreement

In consideration of the services provided by Pinnacle Pursuits Inc. their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as Pinnacle Pursuits) it is hereby understood that:

- 1) I acknowledge, that my voluntary participation in any and all educational and adventure based activities such as, but not limited to rock-climbing, a low ropes challenge course and/or a high ropes challenge course as well as other outdoor/adventure activities and team-building initiatives, entails known and unanticipated risks which could result in physical or emotional injury, paralysis, death or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activities or the event.
- 2) I expressly agree and promise to accept and assume all of the risks existing in these activities. My participation in these activities is purely voluntary, and if there is something I do not feel comfortable with, I will choose not to participate. I will inform Pinnacle Pursuits staff of any physical injuries, medical concerns, allergies, or emotional fears and phobias that may impact my involvement in today's program.
- 3) I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else agree to bear the costs of such injury or damage myself. I am completing a medical form that details any medical or physical conditions that I have in case an emergency does arise where such information is necessary to help deal with the health issue. These will be kept on file during the event and stay fully confidential.
- 4) In the event that I file a lawsuit against Pinnacle Pursuits, I agree to do so solely in the province of British Columbia, and I further agree that the laws of that province shall apply in that action without regard to the conflict of law rules of that province. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.
- 5) I allow Pinnacle Pursuits and any of their photographers, free of any charges, to use any images or comments of me in any photographs or film or recordings taken during the normal course of, or after the activities.
- 6) I have had sufficient opportunity to read and understand this entire document. I have read it, and I agree to be bound by its terms.

Participant Signature: _____		Participant's Printed Name: _____	
Address: _____			
Province _____	Postal Code: _____	Date: _____	
Home Phone: _____	Emergency Contact: _____	Phone #: _____	
Medical Plan/Province: _____		Medical Plan #: _____	
Please list any health conditions or medical issues that we ought to be aware of (including previous injuries, current medications, allergies, etc.): _____			
What was the date of your last Tetanus inoculation or booster? Month: _____ Year: _____			
Witness Signature: _____		Date: _____	
Witness Printed Name: _____ at (city) _____			