

Informed Consent, Acknowledgement of Risks Agreement – ADULT

PROVIDED BY PINNACLE PURSUITS

ADULT (19+): Informed Consent, Acknowledgement of Risks Agreement
CAMP GOODTIMES
Summer Camp 2012
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) _____

Canadian Cancer Society Camp Goodtimes Volunteer Waiver, Release, & Agreement Form

To be completed by all volunteers and volunteer applicants of Canadian Cancer Society's Camp Goodtimes events.
Please read carefully, initial each point on the lines provided, and sign the bottom.

Medical:

_____ I hereby acknowledge that I am aware that the Canadian Cancer Society's Camp Goodtimes program takes place at Loon Lake in the UBC Research Forest, Maple Ridge and events are held at other various locations within B.C. / Yukon areas, and that the activities I may be involved in will include outdoor pursuit type of programs and such related camp activities that involve physical activity and the possibility of injury resulting from such activity; or that the fund raising activity which I am volunteering with may include but not be limited to the possibility of personal injury.

_____ I therefore acknowledge these risks and waive any action or claim against the Canadian Cancer Society B.C. & Yukon Division (Camp Goodtimes), the University of British Columbia, any fundraising venue or sponsor, or any of its employees, agents, successors, assigns, or any parties related to the operations of these camping programs or fund raising activities for any accident or injury to the within named applicant while attending said activities.

_____ I understand that in case of a medical or surgical emergency every responsible effort will be made to contact the emergency contact, as set out in my application, for permission for treatment. In the event that person cannot be reached, I hereby give my permission to the authorized persons in charge of the activities, to secure treatment for and to authorize hospitalization, injections, anaesthesia, or surgery as necessary for my emergency care. I understand the expenses for such emergency treatment remain my responsibility. I understand that health insurance is my responsibility.

Publicity:

_____ I authorize the taking of pictures and video of myself during Camp Goodtimes events. I am aware that these pictures and videos may be applied to print, radio, television, or electronic media. All pictures and videos shall remain the property of the Canadian Cancer Society, B.C. & Yukon Division (Camp Goodtimes).

Confidentiality:

_____ I agree to maintain the confidentiality of all information regarding Camp Goodtimes participants (campers and families), including their diagnoses. I understand that it is important to respect the privacy and confidentiality of the children and their families.

_____ I understand that outside of Camp Goodtimes sessions I volunteer at, I will not remain in contact with the campers or participants (children or family members) with whom I have met through my volunteering with the Canadian Cancer Society's Camp Goodtimes. I understand that this is for liability, safety, and confidentiality reasons.

Pending Criminal Charges or Convictions:

_____ I confirm that I am free of any pending criminal charges or convictions that may preclude me from working with children.

Signatures and Dates for All Points Above:

Print Name Here: _____
Date: _____

Your Signature: _____

Print Witness Name Here: _____
Date: _____

Witness Signature: _____

Privacy Statement:

The Canadian Cancer Society, BC and Yukon Division is committed to protecting the privacy of personal information in our possession or under our control in accordance with the Personal Information Protection Act (PIPA). PIPA regulates the way we collect, use, keep, secure and disclose personal information. The Society values the trust of our donors, volunteers, clients, participants and staff. We recognize that maintaining this trust requires accountability and transparency in handling personal information. For further information call 604 675 7141 or toll free 1 800 663 2524 ext 7141.

The information you provide in this application will be used to register and communicate with you for Camp Goodtimes events, provide medical information to our health care team, and contact you in the event of an emergency. As a volunteer of Camp Goodtimes, you are also a volunteer of the Canadian Cancer Society, which offers this program. The Society will use the personal information collected in this application to provide you with appropriate support and recognition. This information will be stored in a locked cabinet and entered into the CCS secure electronic database. Additionally, as an active volunteer of the Society, your contact information may be used to keep you informed of Canadian Cancer Society activities, including programs, services, special events, funding needs, and opportunities to volunteer or to give. If you do not wish to be contacted for these reasons, please email volunteer@bc.cancer.ca or call 604 675 7141 (toll free 1 800 663 2524 ext 7141). To review the full Canadian Cancer Society Volunteer Agreement, please visit www.cancervolunteer.ca.