

OFF-SITE ACTIVITY(IES) CONSENT OF PARENT/GUARDIAN AND ACKNOWLEDGEMENT OF RISK

PROGRAM/ACTIVITY INFORMATION

ORGANIZATION: UKRAINIAN ORTHODOX CHURCH OF CANADA WESTERN EPARCHY
PARTICIPANT
NAME: _____

PROGRAM/ACTIVITY: Western Eparchy youth activities DATE(S): May 5-7, 2017.

SERIES OF OFF-SITE ACTIVITIES (Specify program): 429 Banff Ave, Banff, AB T1L 1B2, Town of Banff.

SUPERVISOR-IN-CHARGE: Fr. Timothy Chrapko

CHURCH RESPONSIBILITIES

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

- a. The staff, volunteers and/or service providers involved are suitably trained and qualified.
- b. The participants are adequately supervised over all aspects of the program/activity.
- c. The location(s) used are appropriate and safe for the activity(ies) and group.
- d. Equipment used has been inspected and deemed appropriate and safe.

POTENTIAL HAZARDS

Potential known hazards include the following:

Hiking. Supervision will be varied due to the age of the participants. Participants must take responsibility to conduct themselves in a safe manner. As there are pool facilities at the hotel swimming time may be made available to the participants (as with many hotels, professional lifeguards will not be available) **Please initial here _____ if you do NOT allow your Child to participate in this swim activity.**

CONSENT AND ACKNOWLEDGEMENT OF RISK

1. Mode of Transportation: Transport Bus.
2. I accept this mode of transportation for this activity: Yes No **OR**
I permit my child to use alternate means of transportation. Specify means:

3. I acknowledge my right to obtain as much information as I require about this program or activity and associated risks and hazards, including information beyond that provided to me by the church.
4. 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 due to an unforeseeable event associated with his/her participation.
5. My child has been informed that he/she is to abide by the rules and regulations, including directions and instructions from the church's and/or service provider's administrators, instructors, and supervisors over all phases of the program/activity.
6. In the event my child fails to abide by these rules and regulations, disciplinary action may require his/her exclusion from further participation, or that I be contacted to have him/her picked up, unless I have specified other transport arrangements.
7. I acknowledge that it is my responsibility to advise the church of any medical and/or health concerns of my child which may affect his/her participation in the stated program or activity.
8. I consent that the church, through its employees, agents and officers may secure such medical advice and services as they deem necessary for my child's health and safety, and that I shall be financially responsible for such advice and services.
9. Based on my understanding, acknowledgement, and consents as described herein, I agree that (Name of Participant) _____ has my permission to participate in this program/activity.

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

Signature: _____

TRIP EMERGENCY MEDICAL INFORMATION (Attach a separate page if more space needed)

**OFF-SITE ACTIVITY(IES) CONSENT OF PARENT/GUARDIAN AND
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Student Name: _____ Birth Date: _____ Alberta
Health Care No. _____

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

Reaction(s) to above? _____ Carries EpiPen?
o Yes o No AnaKit? o Yes o No

Medical/physical conditions that may affect participation in the stated program/activity (e.g., recent illness or injury, chronic conditions, phobias, non/weak swimmer, etc.) Specify the condition(s) and requirements for program modification or specific activities your child should not participate in:

Medication(s) taken (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) _____