



PARENT CONSENT AND WAIVER FORM

For Students Participating in High risk Activity during the School Year

In consideration of the Gulf Islands International Education Program, the Business Company for School District No. 64 and School District 64 (Gulf Islands) offering my son or daughter, _____, an opportunity to participate in a high risk outdoor recreational program, including kayaking, climbing, hiking, canoeing, snowboarding, skiing and surfing, I agree to waive any and all claims I may have against, and release from all liability and agree not to sue The Gulf Islands International Education Program, The Business Company for School District No.64 (Gulf Islands), The Board of Trustees of School District No. 64 (Gulf Islands) and its officers, employees, agents, volunteers and representatives, and the Ministry of Education for any personal injury, death, property damage or loss sustained as a result of my son or daughter's participation in the outdoor activity arising out of any cause whatsoever, including negligence.

I hereby give my consent, and acknowledge by my signature that:

My son or daughter has no illnesses, allergies or disabilities that may require special attention, except as described here:

I am aware of the usual risks and dangers inherent in participation in all of the activities associated with the outdoor recreational program, and of the possibility of personal injury, death, property damage or loss resulting from the activities. The dangers and risks may include, but are not limited to:

1. Rugged terrain
2. Rock fall and avalanches
3. Weather
4. The possibility that your student may not heed safety instructions or restrictions given to the group
5. Equipment breakages, failures
6. Delayed rescue, accessibility
7. Conduct of the guide, chaperone or other group members

My son or daughter and I understand that the school's and program's Code of Conduct applies during any of the program sponsored outdoor activities listed above. I will be responsible for any costs caused by my child's failure to abide by the Code of Conduct, including any costs to send him or her home.

Accidents can be the result of the nature of the activity and can occur with or without any fault on either the part of the student, or the school board or its employees or agents, or the facility where the activity is taking place. By allowing your child to participate in this activity, you are accepting the risk of an accident occurring, and agree that this activity, as described above, is suitable for your son or daughter.

In signing the Consent and Waiver, I am not relying on any oral or written representation or statements made by this School Board and its servants, agents, employees, or authorized volunteers, or the Ministry of Education, to induce me to permit my student to take the trip, other than those set out in this Consent and Waiver.

I am 19 years of age or more and have read and understand the terms of this consent and waiver, and understand that it is binding upon me, my heirs, executors and administrators.

Date: _____

Signature of Witness _____

Printed Name of Witness _____

Address _____

Signature of Parents/Guardians _____

Printed Name of Parents/Guardians _____

Address _____

Note: This consent and waiver must be signed by ALL custodial parents and guardians of a child who is under the age of 19 years.

ISLAND ESCAPADES LTD.
118 Natalie Lane, Salt Spring Island, V8K-2C6 1 888 529-2567
PLEASE FAX BACK SIGNED TO 1-250-537-1869

IMPORTANT: THIS IS A LEGAL DOCUMENT Please read this document prior to signing. If you have any questions please ask. This document is limited to the time that your son or daughter is registered as a student in the Gulf Islands International Program.

Island Escapades Ltd. has done everything possible to assure our participants a safe, fun and educational experience. We wish to inform our participants that kayaking, hiking/climbing, sailing, and surfing experiences can lead to injury or in extreme cases, permanent trauma or death. We do not want to heighten or reduce your enthusiasm for the experience, but we do want you to know in advance what to expect, and to be informed of the various risks. We ask that you read this, sign it, and return it to the Director of the Gulf Islands International Program prior to venturing on any of the above experiences.

ACKNOWLEDGMENT OF RISK

1) Kayaking, Sailing, Hiking/climbing and Surfing activities involve the use of equipment and physical skills of the participant that may cause injury. Participants may be on difficult terrain or rough seas where they will be exposed to some risks. There is the possibility that the participant could fall, or tip into the water. The participant could sustain bruises, be susceptible to hypothermia and/or other inherent injuries.

2) Accidents can occur while hiking, walking or driving to and from the site. a) Trails are often steep, rocky, and slippery. b) Exposure to the natural elements can be uncomfortable and/or harmful: c) heat sunburn, dehydration, heat exhaustion, heat stroke, heat cramps can occur. d) Rapid changes in weather, wind tides currents, fog and various marine conditions may occur e) Outdoor living/sleeping on the ground, using portable toilet facilities, eating meals out of doors, being in the open (more of less) for the extended periods may cause discomfort/problems. f) It is also possible that some participants would suffer mental anguish or trauma from the experience. g) As a result of any of the above-mentioned items, trips may be delayed, late, postponed or canceled. This list is not an exclusive or exhaustive list to possible injuries, trauma or accidents that may occur to you while out with Island Escapades.

I certify that my son/daughter _____ is fully capable of participating in the activities. I state that I have read the above statement on some of the possible risks in these activities. Therefore, I assume full responsibility for my child, for bodily injury, death and loss of personal property and any expenses as a result of the negligence of my child, or negligence to Island Escapades. I fully understand that Island Escapades reserves the right to refuse any person it judges to be incapable of meeting the rigors and requirements of participating in the activities. My child is in good physical condition and able to undertake this activity.

CONTRACT, WAIVER, AND RELEASE

I agree to indemnify and hold harmless Island Escapades, their agents and employees from any and all claims, damages, losses, injuries and expenses arising out of or resulting from participating in these activities. I further agree to release, acquit and covenant not to sue Island Escapades, their agents and employees for any and all actions of Island Escapades or myself, my family, my heirs.

As parent(s), you have the right to specifically approve the Island Escapades activities that your son or daughter shall be permitted to participate in. Please initial the activities that you approve of. Under no circumstances will your child be allowed to participate in any of these programs without your approval.

- Surfing Program _____
- Hiking Program _____
- Climbing Program _____
- Kayaking Program _____
- Sailing Program _____

I have adequate health, disability and life insurance for myself and my family. I hereby give permission to transportation to any medical facility or hospital and I authorize emergency medical care for my child should it be deemed necessary.

I, of my own free will, for myself, my family, my minor children and my heirs and executors have read, understand and acknowledge the risks and liability for my family and myself this _____ (current date).

IN CONSIDERATION OF THE PROMISE & AGREEMENT OF ISLAND ESCAPADES TO PROVIDE THE SAFEST AND MOST REWARDING EXPERIENCE POSSIBLE FOR MY CHILD, I PROMISE NOT TO SUE ISLAND ESCAPADES IF MY SON OR DAUGHTER IS INJURED FOR ANY REASON WHATSOEVER.

Participant Name _____ Date of Birth _____
Home Address _____ Home City _____
Country _____ Postal code/zip _____
Phone # _____ E-Mail _____

In Case of Emergency Please Contact _____
Phone # _____

This section to be completed by the Student Services Coordinator of the Gulf Islands International Program:

This student is currently covered by medical insurance valid in the Province of British Columbia
Yes _____ No _____
Name of insurer _____

PARTICIPANT'S SIGNATURE _____
Parent or Legal Guardian if under 19years _____

Please initial that you have read this page _____