INFORMED CONSENT FORM

Dear Parent or Legal Guardian:

Welcome to our program! Please read this page carefully and ask us if you have any questions.

Our activity for today is a hike/snowshoe trip at **Lightning Lake** E.C. Manning Provincial Park where we will be:

- snowshoeing approximately 4.5 km
- having lunch

Please note that:

- all children are required to have an **accompanying parent**, legal guardian or designated guardian with them who are responsible for their supervision and safety
- this form **must be signed** on the reverse side in order for children to participate in this program
- a separate **medical form** must be completed and submitted to the program leader for any child that has (a) medical condition(s) that emergency personnel would need to know about if a parent or legal guardian is not available.

There are **inherent risks** involved in this program. They include, but are not limited to:

- accidents which occur during transportation or travel to and from this program
- slips and falls, loss of balance, impact
- cold water immersion
- repetitive strain injuries, dislocated shoulders
- hypothermia, frostbite, sunburn
- changing and inclement weather conditions including storms, blizzards, whiteouts and high wind
- steepness of terrain, tree wells, crevasses
- avalanches, cornices, landslides and falling ice, snow and objects
- encounters with domestic or wild animals
- exposure to COVID-19 and other communicable disease
- negligence on the part of other participants
- negligence on the part of the releasees, including the failure on the part of the releasees to safeguard or protect my children from the risks, dangers and hazards of participating in the activities.

Please complete the reverse side.

INFORMED CONSENT FORM

Please read the information on the reverse side.

By signing below, you acknowledge that:

- you have read and understood all of the information on the reverse, including the inherent risks
- you hold harmless the Hope Mountain Centre for Outdoor Learning, its staff, directors and volunteers

As the parent or legal guardian of:

_____ _____,
Child's First and Last Name

_____,
Child's First and Last Name

_____ _____,
Child's First and Last Name

_____,
Child's First and Last Name

I request that my child/children participate in this Hope Mountain Centre program and I have read and understood all of the above.

Dated: _____

_____ _____
Signature of **Witness** Signature of **Parent or Legal Guardian**

_____ _____
Please print name clearly Please print name clearly

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