



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 **Family Day at Strawberry Flats** at Manning Provincial Park where we will be:

- snowshoeing approximately 3 km
- having lunch
- building snowcaves and participating in various games

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 carried in a right front pocket of any child that has (a) medical condition(s) that emergency personnel would need to know if you are not available. Hope Mountain Centre staff must be advised at check-in, when a child is carrying this form.

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
- 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.



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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