

Victoria International High School Programs Camp Victoria ESL Summer Program Participant Parental Consent and Liability Waiver Form

Camp Victoria Participant's Name: _____

While the safety of all participants is a priority, there are certain risks involved with some of the activities offered in the Camp Victoria Program. By allowing your son/daughter to participate in these activities, you are accepting the possibility that an accident might occur and agree that the activities are suitable for your child.

I hereby give my consent and acknowledge by my signature and initials below that:

I give permission for my above-named child to participate in the following activities, being offered as part of the Camp Victoria Summer ESL Program, and where safety may be a concern:

Kayaking	Rock Climbing	Cycling Tour
Laser Tag	Kayaking	Swimming/waterslides
Bowling	Golf	Tennis
		Hiking

WildPlay Elements Park, including: zip lines, suspended bridges, ladders, rope swings, bungee cords, cable swings and nets

In addition, I acknowledge that these activities may include:

- All travel either within or beyond the designated boundaries of the activity location, including on logging roads and trails;
- Orientation, instruction, and demonstration sessions;
- Other activities, events, and services in any way connected with or related to activities.

_____ *Initial*

If I am not familiar with any of the activities I acknowledge it is my responsibility to contact the Victoria International High School Programs office to obtain more information about the activity/activities.

_____ *Initial*

I am aware of the usual risks and dangers inherent in participation in all of the activities where safety may be a concern, 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:

- Transportation or travel to and from the activity location
- Activity locations
- Delayed rescue, accessibility
- Conduct of the guide, chaperone or other group members
- The possibility that my child may not heed safety instructions or restrictions given to the group
- Exposed and falling rock, earth, ice, trees, or other natural objects; wildlife; travel on back-country roads;
- Negligence of other participants and other persons; hiking on rough and uneven terrain;
- Changing weather conditions which may cause trails, apparatus, and zip lines to be slippery;
- Equipment failure, failure to properly adjust or fasten equipment, and improper use of equipment;
- Falls, over-exertion, and failure to remain within designated areas;
- Impact or collision with trees or structures, other participants, or Guides;
- Negligence on the part of WildPlay **and other providers** to take reasonable steps to safeguard or protect participants from the risks, dangers, and hazards of participating in adventure activities referred to above.

_____ *Initial*

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

Illness/Allergy/Disability	Description

_____ **Initial**

I am the parent and/or legal guardian of the above-named **participant** and 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. By signing below I hereby give permission for my child, named above, to participate in all the activities offered in the Camp Victoria Program.

_____ **Initial**

I understand and accept that my child may be photographed or video recorded during the program and I give permission for these photographs / videos to be used in publications produced by the Greater Victoria School District and/or Victoria International High School Programs and/or its agents. The publications may include, but are not limited to, brochures, bulletins, advertisements and websites. Individuals will not be identified by name.

_____ **Initial**

Parent/Guardian Authority:

In consideration of my child's participation in the Camp Victoria Summer ESL Program and the activities offered as part of the Camp Victoria Program, I waive any and all claims I may have against, and release from all liability and agree not to sue The Board of Trustees of School District No. 61 and its officers, employees, agents, volunteers and representatives, the Ministry of Education, Westshore Excursions Victoria Ltd. (dba WildPlay West Shore Victoria), WildPlay Ltd., Ross Benson Adventures Corp., West Shore Parks & Recreation Society for any personal injury, death, property damage or loss sustained as a result of my child's participation in the field trip, arising out of any cause whatsoever, including negligence.

_____ **Initial**

Camp Victoria Participant's Name: _____

Parent / Guardian Name (please print): _____

Parent / Guardian Signature: _____

Date: _____

January 30, 2019