

Participant's Last Name: _____ **Participant's First Name:** _____

Summit 2019: Youth Empowerment Program

Date: August 19 - 23, 2019

Location: 300 - 722 Cormorant Street, Victoria B.C.

Description of activities: Classroom organizing and campaign training featuring guest speakers and experienced facilitators. Field trip activities include visiting MLA offices, canvassing in public places, visiting a local community organizing non-profit organization, all under adult supervision. Lunch will be provided.

NOTICE TO PARENT/GUARDIAN

It is a condition to the Participant's participation in Summit 2019 that you, the undersigned Parent/Guardian of the Participant, must carefully read and understand this document and sign it to acknowledge that you have read and understand it and that you understand that the Participant's participation in Summit 2019 will expose the Participant to risks of harm and that you accept full responsibility for exposing the Participant to such risks.

PARENT/GUARDIAN RESPONSIBILITY FOR PARTICIPANT

I, the undersigned Parent/Guardian of the Participant, understand and accept that, in respect of the Participant's participation in Summit 2019, it is my responsibility (1) to ensure that I consider and understand the risks, dangers, hazards and consequences of injury inherent in the Summit 2019, (2) to determine, taking into consideration those risks and the Participant's behavioural characteristics, physical health and abilities, whether the Participant should be allowed to participate in Summit 2019, (3) to ensure that the Participant is appropriately covered by medical insurance for any harm occurring in Summit 2019, and (4) to provide emergency medical information regarding the Participant as required in this document.

PARTICIPANT RESPONSIBILITIES

Participants will treat staff, volunteers, guests, other participants and any other persons with dignity and respect. The participant will arrive on time, dressed appropriately, and stay for the full duration of the day, participating fully in all activities. Dogwood Initiative will not tolerate any behaviour deemed illegal, disrespectful, offensive or violent. Dogwood Initiative reserves the right to suspend or expel any participant at any point, with no refund.

AWARE OF RISKS

I AM AWARE OF AND NOW FREELY ACCEPT AND ASSUME FOR ME AND THE PARTICIPANT RESPONSIBILITY FOR ALL RISKS TO THE PARTICIPANT IN CONNECTION WITH HIS/HER/THEIR PARTICIPATION IN SUMMIT 2019, INCLUDING AS FOLLOWS:

- (1) the Participant's participation in Summit 2019, even if the Participant possesses behavioural characteristics, physical health and abilities appropriate for Summit 2019, poses risks of harm to the Participant;
- (2) the nature of Summit 2019 is such that Dogwood Initiative cannot identify all risks associated with Summit 2019 and cannot guarantee that Dogwood Initiative staff participating in Summit 2019 will not make errors therein or that other Participants will not cause injuries therein others that staff can or might be able to prevent.

I, THE UNDERSIGNED PARENT/GUARDIAN, AM THE PARENT AND/OR LEGAL GUARDIAN OF THE PARTICIPANT AND FOR THE PARTICIPANT I HEREBY CONSENT TO HIM/HER/THEY PARTICIPATING IN SUMMIT 2019, AND, FOR MYSELF AND THE PARTICIPANT, IN RETURN FOR DOGWOOD INITIATIVE ALLOWING THE PARTICIPANT TO PARTICIPATE IN SUMMIT 2019:

1) I NOW WAIVE ALL LEGAL RIGHTS TO SUE AND ANY AND ALL CLAIMS which I or the Participant or our respective successors and assigns may have against Dogwood Initiative connection with any loss, injury, damage or expense that I or the Participant may suffer, incur or may suffer, incur or experience in connection with the Participant's participation in Summit 2019; and

2) I HEREBY RELEASE Dogwood Initiative from any and all liability for any complaints, demands, claims, actions, suits, judgements and orders for any and all losses, injuries, damage or expenses I or the Participant may suffer, incur or experience in connection with the Participant's participation in Summit 2019; and
3) FOR MYSELF, I AGREE TO INDEMNIFY Dogwood Initiative for and hold it harmless from any and all losses, injuries, damages and expenses of any kind that Dogwood Initiative may suffer, incur or experience and for any and all complaints, demands, claims, actions, suits, judgments and orders for any and all losses, injuries, damages or expenses of any kind anyone else may suffer, incur or experience in connection with the Participant's participation in Summit 2019.

PERMISSION TO UTILIZE PHOTOS AND TESTIMONIALS

I hereby authorize Dogwood Initiative to photograph and/or otherwise record images and/or sounds of or including the Participant while he or she participates in the activities described above and to freely publish and otherwise make use of as it wishes, without compensation to the Participant or anyone else, all such photographic images and other recordings of the Participant for purposes of documenting and promoting Dogwood Initiative and its programs and services. I understand that names or any other information regarding the identification of the Participant would require additional verbal or written consent.

YES **NO**

In signing this document and permitting the Participant to participate in Summit 2019, I do not rely upon any oral or written statements, promises or other communications made by Dogwood Initiative other than that set out in this document. This document will be exclusively governed by and interpreted in accordance with the laws of British Columbia and no court outside British Columbia will have any jurisdiction over this Consent, Summit 2019, or any of the matters arising from them.

I HAVE READ AND I UNDERSTAND THIS DOCUMENT

PARENT/LEGAL GUARDIAN

Signature: _____

Print Name: _____

Address: _____

Phone: _____

City: _____

Postal Code: _____

Email: _____

PARTICIPANT

Signature: _____

Print Name: _____

Address: _____

Phone: _____

City: _____

Postal Code: _____

Email: _____

Emergency Information and Medical Consent

I hereby authorize Dogwood Initiative, in the event of an emergency, to administer first aid to the Participant and transport or arrange emergency transportation of the Participant to a medical facility for medical treatment.

Participant's Name: _____ **Participant's DOB:** _____

Participant's BC Care Card Number: _____

EMERGENCY CONTACTS:

Name: _____ Relationship: _____ Telephone: _____

Name: _____ Relationship: _____ Telephone: _____

List any Medical or behavioural concerns staff should be aware of. Please include allergies, life threatening conditions, disabilities, or if extra assistance is required.

Dietary needs/preferences: _____