

**Altius Nordic Ski Club, Alberta Ski Jumping and Nordic Combined (each a "Sport Organization")**

**Consent of Parent or Guardian and "Acknowledgement of Risk" for Off-Site Activity**

**PLEASE READ CAREFULLY**

**NAME:** \_\_\_\_\_ (the "Athlete")

The Athlete will be given the opportunity to participate in the following program or activity:

- \_\_\_\_\_
- (a) Name of any association or group providing services: \_\_\_\_\_
  - (b) Location: \_\_\_\_\_
  - (c) Date: \_\_\_\_\_
  - (d) Coach in Charge: \_\_\_\_\_

2. The Sport Organization will make every reasonable effort to ascertain that:
- (a) The leaders and supervisors are fully trained and qualified to instruct and lead the activity listed above.
  - (b) The Athlete who undertakes the program or activities will be adequately supervised.
  - (c) The location and/or facilities meet the applicable health and safety standards.
  - (d) Any equipment made available to the Sport Organization or used in the activity has been inspected and is deemed to be appropriate, safe, and well maintained.

3. Potential hazards and risks of the Off-Site Activity may include but are not limited to financial loss, illness, injury or death.

Specific Risks include the following:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Uneven terrain (which could lead to serious falls)                        | <input type="checkbox"/> Animal encounters   | <input type="checkbox"/> Access to open fire (which could lead to burns)                           |
| <input type="checkbox"/> Contact with people outside of the Sport Organization                     | <input type="checkbox"/> Water hazards (which could lead to drowning)                                  | <input type="checkbox"/> Inclement weather (cold: hypothermia, frost bite; hot: heat stroke)       |
| <input type="checkbox"/> Hiking and low-level climbing activity injuries (sprains, strains, falls) | <input type="checkbox"/> Kayaking, canoeing, boating or other water activity injuries (incl. drowning) | <input type="checkbox"/> Skiing related injuries (incl. joint injuries, broken limbs, concussions) |
| <input type="checkbox"/> Swimming related risks (specify location: pool, river, lake, ocean)       | <input type="checkbox"/> Other: (specify) _____<br>_____   | <input type="checkbox"/> Other: (specify) _____<br>_____   |

I acknowledge the existence of known risks and potential unknown risks and I voluntarily assume the risks.

4. The following means of transportation will be provided by the Sport Organization in compliance with the rules and regulations adopted by the Sport Organization.
5. I accept this mode of transportation for this activity  Yes  No
- OR**
- Yes  No
- I permit the Athlete to use alternate means of transportation, as identified:  
 Other: \_\_\_\_\_ (please specify)
6. I am satisfied that I have been informed of my right to obtain as much information about this off-site activity as I feel necessary, including information beyond that provided to me by Sport Organization to the extent that I require and am not, in any way, relying solely upon information provided by Sport Organization respecting the nature and extent of the risks and hazards associated with the program or activity.
7. I freely and voluntarily assume the risks and hazards inherent in the nature of the program or activity and understand and acknowledge that the Athlete, as a participant, may suffer personal and potentially serious injury due to an unforeseeable or fortuitous event.

8. The Athlete has been informed that he/she is to abide by the rules and regulations including directions and instructions from the leader in charge and supervisors as imposed on participants while participating in the program or activities. This shall include his/her participation in all of the introductory sessions and meet all prerequisites prior to his/her participation in the activity.
9. In the event that the Athlete fails to abide by the rules and regulations imposed on the participant while participating in the program or activities, including the Athlete Code of Conduct, disciplinary action may either require that I/ he/she not participate in the program or activity, or that I will be contacted to have him/her picked up, unless I have permitted the Athlete to pursue alternate means of transportation as identified herein.
10. I acknowledge that it is my responsibility to advise the Sport Organization of any medical or health concerns of the Athlete which may affect his/her participation in the stated program or activity.
11. I consent that the Sport Organization, through its coaches, volunteers or Sport Organization members, may secure such medical advice and services as they, in their sole discretion, may deem necessary for the Athlete's health and safety, and that I shall be financially responsible for such advice and services.

**Signature of Parent/Guardian of Athlete (under 18 years of age)**

\_\_\_\_\_  
 Name of Parent/Guardian (print)

\_\_\_\_\_  
 Signature of Parent/Guardian

**Date:** \_\_\_\_\_

**Signature of Adult Athlete (18 years of age and older)**

\_\_\_\_\_  
 Name of Athlete (print)

\_\_\_\_\_  
 Signature of Athlete

**Date:** \_\_\_\_\_

## IMPORTANT - MEDICAL RELEASE FORM

**Health Information: (Coach will have a photocopy of this information during the Off-Site Activity/ies to address health and medical needs including emergencies and may share this information with others as deemed necessary.)**

### MUST BE COMPLETED BY A PARENT OR GUARDIAN

Athlete Name: \_\_\_\_\_ AHC#: \_\_\_\_\_  
(Voluntary)

Birth Date: \_\_\_\_\_ Allergies: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Medications currently taken (name, reason, dosage)\* \_\_\_\_\_

\*Please note that the Coach in Charge or Volunteers will not administer. This information is to be used solely in the event there is an emergency for the use of the medical responder.

Medical Treatment Restrictions (if any) e.g. blood transfusions: \_\_\_\_\_

Dietary Restrictions (if any): \_\_\_\_\_

Other Special Needs: \_\_\_\_\_

Emergency Contact:

1) \_\_\_\_\_ Phone: \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

2) \_\_\_\_\_ Phone: \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Based on my understanding, acknowledgement, and consent as described herein, I agree that \_\_\_\_\_ has my permission to participate in the program or activity.  
(Name of Athlete)

**Date:** \_\_\_\_\_ **Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_  
**Parent/Guardian (Please Print)** **Parent/Guardian**

Personal information is collected under the authority of Alberta's Freedom of Information and Protection of Privacy Act (FOIP.) This information is collected to verify that the Athlete meets the criteria to participate and to ensure the medical needs of the Athlete are taken into account in case treatment is required and such personal information will be treated in accordance with the privacy protection provisions of the FOIP Act.