



PERSONAL PROFILE

The Personal Profile is essential safety information for Sea to Sky Outdoor School. Having accurate information on every participant - students, teachers, parents, high school leaders, volunteers - helps to insure that we know our audience and that our primary objectives of safety, fun and learning our met. It will also assist our staff in being sensitive to the needs of each person who arrives at Outdoor School. This information will remain confidential and will be used only for the purposes for which it is collected. If you have any questions or would like a copy of our Privacy Policy, please contact us at 1-604-886-2258 or email timturner@seatosky.bc.ca

Full Name: _____ Age: ___ M ___ F ___ Please circle one: student / youth leader / parent / teacher / other
Home Address: _____ Tel: _____
Care Card #: _____ Doctor: _____ Doctor's Tel: _____
Grade ___ School _____ Sea to Sky Program _____
Program Dates _____ What do you expect to get out of this Sea to Sky program? _____

Tetanus – have you had a tetanus shot in the last 10 years? Yes ___ No ___

This information is required for safety reasons. If you are unsure, please check with your doctor or health unit. In the event that you experience an injury that breaks the skin and you have not had a current tetanus shot, you will be evacuated to medical care at your expense.

Dietary concerns: no meat, no dairy, no pork, other? _____

Food Allergies: _____ (mild reaction ___ severe reaction ___)

_____ (mild reaction ___ severe reaction ___)

Describe allergic reaction and recommended treatment: _____

Prone to nosebleeds, headaches, sinus trouble, sleep walking, snoring, other concerns? _____

Allergies: (bees/wasps, pollen, medication, other?) _____

Describe allergic reaction: _____

Health Concerns: *please circle* eg. Diabetes, asthma (bring 2 puffers), seizures, ADD/ADHS, fainting, heart, illness.

Other? _____ Describe recommended treatment of health concern: _____

What is student's **swimming ability**? Like a: fish ___ dog ___ rock ___ Certification: _____

Is there anything else we should know? _____

EMERGENCY CONTACTS:

#1. Name: _____ Home Phone: _____ Work/Cell Phone: _____

Relationship to Participant: _____

#2. Name: _____ Home Phone: _____ Work/Cell Phone: _____

Relationship to Participant: _____

*Taking part in a Sea to Sky Island Experience is a chance for you to have fun and learn in new and different ways
In this outdoor 'classroom' we pack a lot into each day so come rested and ready to be 'stretched'.*

PLEASE COMPLETE CONSENT FORM ON REVERSE SIDE

Revised 09/09



SEA TO SKY

Outdoor School for Sustainability Education Inc.
Sunshine Coast, British Columbia, Canada

CONSENT, DISCLOSURE & ASSUMPTION OF RISK

I/we, the undersigned, give Sea To Sky Outdoor School (Sea To Sky) permission to have a physician tend to me/us should it be considered necessary. It is understood that Sea To Sky and its staff are not responsible for the cost of medical care or any other associated expenses.

I/we am/are aware that the program that I/we am/are undertaking is at the sole discretion of the undersigned. I/we am/are further aware that this program, in addition to the usual risks inherent, has additional risks which may include but not be limited to:

- physical exertion for which I/we may not be prepared;
- weather extremes subject to sudden and unexpected change;
- remoteness from normal medical services;
- evacuation difficulties if disabled away from the outdoor school campus.

I/we understand that Sea To Sky offers programs which include but are not limited to hiking, canoeing, kayaking, swimming, climbing and other general outdoor activities. I/we appreciate that there are inherent risks involved. I/we am/are aware of all inherent risks, including the possibility of personal injury, death, property damage or loss resulting therefrom. I/we acknowledge that the enjoyment of outdoor activities is derived, in part, from the inherent risks incurred by travel and activities beyond the accepted safety of home, work or school, and that these inherent risks contribute to such enjoyment, being a reason for my participation.

In entering into this agreement, I/we understand that while Sea To Sky Outdoor School will take reasonable steps to minimize risk, death or injury may occur without fault on the part of Sea To Sky Outdoor School, its officers, employees, guides/instructors, agents or representatives (collectively, the Staff).

I/we agree to participate and follow the rules and directions of the Sea To Sky Staff with regards to rules and safety requirements. Further I/we agree to permit use of photos and videos or other pictures of the undersigned in promotion of Sea To Sky Outdoor School programs.

I/we hereby confirm that I/we am/are at an age of legal consent and that I/we have read and understood this Agreement prior to signing it, and agree that the Agreement will be binding upon our heirs, next of kin, executors, administrators and successors signing it, and agree that this Agreement shall be governed in all respects by and interpreted in accordance with the laws of Canada.

Participant Signature

Print Name

Date

Parent/Guardian Signature
(if participant is under 19 years of age)

Print Name

Date: