

Youth Services - Program Consent and Liability Waiver

Consent and Liability Waiver

Throughout the year youth attending Squamish Youth Services programs are offered opportunities to participate in a variety of programs and activities including local and out of town day-trips, involving leisure, recreation, entertainment and educational activities.

Activities may include but are not limited to hiking, kayaking, paddle-boarding, swimming (in and outdoor), bouldering, rock climbing, horseback riding, canoeing, running, snowboarding/skiing, skateboarding, scootering, bike riding, yoga, hiking, paint-balling, bowling, attending PNE, waterslide parks, sport centers, movies, live theatre, and other cultural or educational events.

Youth are supervised during all activities by experienced youth workers who promote the safety and enjoyment of all participants. For some opportunities, transportation is provided by youth workers with appropriate licensing.

If third party waivers are required for an activity they will be sent home prior to the program to be reviewed and signed by the parent or guardian. There is some element of risk in any out-trip, sport, or activity associated with Youth Services programs.

By providing consent to participate in the activities of Squamish Youth Services, the parent/guardian and youth assumes all risks associated with the activity and releases Sea to Sky Community Services, its respective officers, staff and volunteers from liability in claims of injury or property loss/damage as a result of the youth's involvement in the activities.

General Expectations

1. All programs are on a first come first serve basis.
2. Youth who have been involved in a behavioral incident must talk with Youth Services staff prior to an event to determine whether they will be permitted to attend.
3. Zero tolerance for drug or alcohol use/discussion.
4. All programs are intended to be safe physical and emotional spaces for everyone. Participants show each other respect, refrain from intimidation, bullying, gossiping, horseplay, and must use appropriate language.
5. Privacy of program participants is a priority for staff. However, because virtual programs exist online, those who participate do so at their own risk of being identified by other program participants.
6. During video calls, staff will not be recording and we require you do not as well.
7. Staff are required to report to the appropriate authorities: child abuse or possibility of serious harm to yourself or others.
8. Staff are required to report involvement in illegal activities which threaten property, clients or staff. These could include drug transactions, acts or threats of violence.

Consent and Liability Waiver Form

Youth Name

Youth Age

Youth Date of Birth

Youth Phone

Youth Email

Gender

Do you identify as being indigenous?

Your community

What is your primary language?

Parent/Guardian Name

Parent/Guardian Email

Parent/Guardian Phone

Emergency Contact information (if different from above)

Parent/Guardian Name

Parent/Guardian Phone

Parent/Guardian Email

Date

Medical or Behavioral Concerns

Please identify medical concerns staff should be aware of, for example allergies, carsickness, medical conditions or behavioral concerns. Please note, youth may be required to provide doctor's clearance in the case of significant medical concerns that may impact or compromise the safety of the youth, other program participants, staff and volunteers, as they participate in activities.

I confirm that I am physically and mentally capable of participating in the Activities. I have disclosed any relevant medical conditions, allergies, or medications to Sea to Sky Community Services to the best of my knowledge.

Consent for Medical Treatment

It is our practice to notify a parent/guardian when a youth is ill or needs medical attention. In the case of a significant medical event or emergency, SSCS staff will get immediate help for the youth, whether or not parents/guardians have been notified. In such circumstances, staff may take the youth to the nearest emergency centre or when appropriate, call first responders for help. If an ambulance is used in response to the emergency or event, associated costs may be incurred by the parent/guardian.

Youth Personal Health Number

Consent

By checking this box, you, the named Parent/Guardian approve the above statement to give SSCS staff consent for medical treatment for your youth.

Date

Please list any additional comments

Please check here if you agree to allow us to contact you regarding

Check here if you the Parent/Guardian of the named Youth consent to be signed up for our Youth Services Newsletter? Click which frequency you would like

Acknowledgement

I, the undersigned, hereby acknowledge my participation in the youth services programs organized by Sea to Sky Community Services, which may include but are not limited to hiking, kayaking, paddle-boarding, swimming (in and outdoor), bouldering, rock climbing, horseback riding, canoeing, running, snowboarding/skiing, skateboarding, scootering, bike riding, yoga, hiking, paint-balling, bowling, attending PNE, waterslide parks, sport centers, movies, live theatre, and other cultural or educational events.

I am aware that the Activities may involve inherent risks, including but not limited to bodily injury, property damage, and the possibility of serious injury or death. I voluntarily assume all risks associated with my participation in the Activities.

In consideration for being permitted to participate in the Activities, I, on behalf of myself (and my minor child, if applicable), hereby release, waive, discharge, and covenant not to sue Sea to Sky Community Services, its directors, officers, employees, volunteers, agents, and representatives from any and all liability, claims, demands, actions, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by me or to any property belonging to me, while participating in the Activities.

By checking the boxes below, you are indicating that you have read and understand this waiver and release of liability. I acknowledge that by signing this document, I am waiving certain legal rights.

Youth

By checking this box, I, the named Youth, indicate that I understand all the information outlined in this Consent and Liability Waiver.

Parent/Guardian

By checking this box, I, the named Parent/Guardian of the named Youth indicate that I understand all the information outlined in this Consent and Liability Waiver.

These consents will expire one year from the date it is filled out, unless the youth leaves the program or consent is nullified by parent/guardian prior to then.

Photo and Video Release and Permission Form

I hereby grant to Sea to Sky Community Services Society the absolute right and unrestricted permission in respect of photographic portraits or images that he/she had taken of me or in which I may be included with others, to copyright the same, in his/her own name or otherwise; to use, re-use, publish, and re publish (unlimited usage) the same in whole or in part, individually or in any and all media for a period of 5 years from the date signed herein for fundraising or promotional purpose without restriction as to alteration; and to use my name in connection therewith if he/she so chooses.

I hereby release and discharge Sea to Sky Community Services Society from any and all claims and demands arising out or in connection with the use of the photographs, including without any and all claims for libel or invasion of privacy.

This authorizes that I am of full age and I have the right to contract in my own name. I have read the forgoing and fully understand the contents thereof. This release shall be binding upon me and my heirs, legal representatives, and assigns.

Date

Youth Name

Youth Address

Consent

Parent/Guardian's consent to Photo and Video Release: I am the parent and/or guardian of the minor named as such I approve of the foregoing.

Parent/Guardian Name

Consent