

# Climbers Rock & Mandarin



## CONSENT AND RELEASE OF LIABILITY WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNIFICATION AGREEMENT

1. By my signature, I, \_\_\_\_\_ (**print full name**), the parent or legal guardian of \_\_\_\_\_ (**print full name**), a member of the Royal Canadian Army Cadets, realizing the potential hazards associated with travelling away from the cadet 676 locality of Georgetown and taking part in cadet activities and training, on behalf of myself and him/her (**cross out non applicable**), and my and his/her (**cross out non applicable**) heirs, devisees, successors, assigns, executors and administrators, in consideration of him/her (**cross out non applicable**) being permitted to participate in a trip to:

<b>Destination: Climbers Rock Indoor Climbing Gym &amp; Mandarin Lunch Burlington</b>					
<b>Activities of Significance: Indoor Rock Climbing</b>					
Departure Date:	<b>Sat 21 Jan</b>		Return Date:	<b>Sat 21 Jan</b>	
Arrive Armoury:	<b>0730</b>	Depart Armoury:	<b>0800</b>	Return Armoury:	<b>1430</b>
<b>Method of Transport:</b> Charter Bus			<b>Cost per Cadet:</b>	\$25.00	
<b>Additional Information:</b> Climbers Rock release of liability must also be completed					

or any other activities related to this trip, hereby:

a. acknowledge having read the terms and conditions of this optional activity not funded by the Department of National Defence and indicate my understanding and acceptance;

b. n/a

c. give the (*Commanding Officer/Officer-in-Charge/Medical Officer/Nurse/First Aider*) permission to authorize emergency medical treatment if required for my son/daughter/ward;

d. waive all claims of any nature or kind whether in contract, tort, negligence or otherwise, against Her Majesty the Queen in right of Canada, Her officers, servants, agents, employees and members of Her Canadian Forces the Cadet League its officers, servants, agents, employees and members and the 676 Support Committee, its officers, servants, agents and members all in their employment and private capacities, in any manner arising out of, based upon, occasioned by or attributable to the activities of them, including negligence on their part, or any action taken or things done or maintained by virtue thereof;

e. having determined that the activities involve potential hazards and may result in physical harm and wishing in any event him/her (**cross out non applicable**) to carry out the activity voluntarily assume any risks that may be associated with the activity;

f. at all times indemnify and save harmless Her Majesty the Queen in right of Canada, Her officers, servants, agents, employees and members of Her Canadian Forces the Cadet League its officers, servants, agents, employees and members and the 676 Support Committee, its officers, servants, agents and members from and against all claims and demands, loss, costs, damages, actions, causes of action, suits, or other proceedings by whomsoever made, brought, or prosecuted in a manner, related to any loss, property damage, personal injury or death, resulting from, occasioned by or attributable in any way to his/her (cross out non applicable) presence on this trip; and

g. covenant that I will not commence or maintain against any person, any action or proceeding which will give rise to a claim against Her Majesty the Queen in right of Canada, Her officers, servants, agents, employees and members of Her Canadian Forces, the Cadet League its officers, servants, agents, employees and members and the 676 Support Committee, its officers, servants, agents and members for contribution or indemnity.

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<b>Signature of Parent/Guardian</b>	<b>Date</b>
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**MEDICAL**

2. Parents/Guardians are requested to initial if they agree or disagree to have the medications listed below administered if necessary by the (*Commanding Officer/Officer-in-charge/Medical Officer/Nurse/First Aider*) to their son/daughter/ward during the course of the trip.

**TYLENOL 325 mg tablets** for pain or fever will be administered according to package directives.

<b>Agree:</b>	<b>Disagree:</b>	<b>(Initial applicable)</b>
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**IBUPROPHEN tablets** for pain relief, muscle pain or fever will be administered according to package directives.

<b>Agree:</b>	<b>Disagree:</b>	<b>(Initial applicable)</b>
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3. Cadets travelling with prescription drugs are requested to list them below.

Prescribed Medication	Reason

4. Cadets are requested to provide a list of their known allergies
