

Fort George & Niagara Falls



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:

Destination: Fort George (Niagara on the Lake) & Niagara Falls			
Activities of Significance: A Day in the life of a Soldier c1812 / Visit Niagara Falls			
Departure Date:	Sat 12 Nov		Return Date: Sun 13 Nov
Arrive Armoury:	0800	Depart Armoury: 0830	Return Armoury: 1500
Method of Transport:	Charter Bus		Cost per Cadet: \$25.00
Additional Information: Includes Lunch Dinner and Breakfast. Cadets must purchase lunch on Sunday in Niagara Falls at their own expense			

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. accept/do not accept that my son/daughter/ward will occasionally have "FREE TIME" without direct supervision;

Accept: <input type="checkbox"/>	Not Accept: <input type="checkbox"/>	(Initial Applicable)
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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.

Signature of Parent/Guardian	Date
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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.

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

Agree:	Disagree:	(Initial applicable)
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GRAVOL 50 mg tablets for travel nausea will be administered according to package directives.

Agree:	Disagree:	(Initial applicable)
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DIPHENHYDRAMINE (BENADRYL) for symptoms of allergic rhinitis, motion sickness and insect bites and stings will be administered according to package directives

Agree:	Disagree:	(Initial applicable)
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ROBITUSSIN DM syrup for cough suppression will be administered according to package directives.

Agree:	Disagree:	(Initial applicable)
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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

Medical Information and Consent Form

The Staff at Fort George are trained in first aid. However, in the event of an injury or illness which cannot be treated at the Fort, participants will be taken to the nearest medical clinic or hospital. Every effort will be made to give prior notice to parents/guardians, but in emergencies direct action will be taken. Every participant must be covered by OHIP or equivalent medical insurance.

Please photocopy this form and have all participants (leaders included) fill one out.

Overnight Participant's Name: _____

Emergency Contact Number: _____

OHIP/Health Card/Health Insurance Policy Number: _____

Special Health Concerns (allergies, medications, conditions we need to be aware of) : _____

I, _____ (please print name), as the parent/legal guardian for the above named student, understand that in the event of injury or illness that cannot be treated by the staff at Fort George, he/she will be taken to the nearest medical clinic or hospital. In addition, I consent to this action being taken if deemed necessary by his/her teacher/supervisor or Fort George personnel.

Parent/Guardian Signature: _____

Date: _____