

HELA VENTURES LTD.
YOUTH or ADULT ADVENTURE PROGRAMS
ASSUMPTION OF RISK AGREEMENT

PLEASE PRINT THIS SECTION

NAME OF PARTICIPANT: _____

ADDRESS OF PARTICIPANT: _____

TELEPHONE NUMBER: () _____ BIRTH DATE: _____

PARENT OR GUARDIAN NAME : _____

EMERGENCY CONTACT NAME: _____
(If different than parent or Guardian)

RELATIONSHIP: _____ TELEPHONE #: () _____

DISCLAIMER

HeLa Ventures Ltd., and their directors, agents, officials, officers, employees, volunteers, contractors, servants or representatives are not responsible for any death, injury, loss or damage of any kind suffered by any person while participating in any HeLa Ventures Youth Adventure Camps and/or in a HeLa Ventures Field School program.

Initials _____

DESCRIPTION OF RISKS

In consideration of allowing me/my child to take part in a HeLa Ventures Youth Adventure Camp and/or in a HeLa Ventures Field School Program, I hereby acknowledge that I am aware of the risks associated with or related to outdoor and adventure based activities (including the **risk of severe or fatal injury** to myself or others). These risks include, but are not limited to:

- all manner of muscular injuries, bruises, scrapes, cuts, sprains, dislocations, broken bones, and head, facial or dental injuries which might result from an accident while cycling and/or backcountry bike touring, hiking, swimming or canoeing, including the risk of drowning;
- injuries resulting from travel by motor vehicle to and from the Adventure Camps and/or Field School Programs may be coordinated;
- extreme changes in weather or temperatures which may result in heat-stroke, sunstroke, or hypothermia;
- any manner of injury or illness from insects, curious or aggressive wildlife, including but not limited to bears, wolves, and other carnivores, snakes, ticks, other insects, parasites and other domestic and wild animals;
- minor scrapes, sprains, bruises and campfire burns resulting from outdoor camping activities in general;
- remoteness of location(s) with poor communication & inability to get rescue or medical assistance quickly or easily;
- cuts, abrasion, rope burns and other injuries resulting from indoor and outdoor rock climbing; and other injuries resulting from activities such as climbing, belaying, rappelling, rescue systems and any other rope techniques;
- injuries resulting from failure of ropes, slings, harnesses, climbing hardware, anchor points and any part of the indoor climbing structure;
- death, injuries or illness resulting from failure to follow directions from instructors or those in charge of outdoor trips, including those specifying: a) staying with the group at all times unless the instructors or those in charge are consulted and provide consent; and b) safe use of equipment;
- medical problems arising before, during or after the trip; and
- any injuries, illness or death resulting from unexpected acts of God.

Initials _____

RELEASE OF LIABILITY

I AGREE TO BE SOLELY RESPONSIBLE FOR any injury, loss or damage while I take part in a HeLa Ventures Youth Adventure Camp and/or in a HeLa Ventures Field School program and release HeLa Ventures Ltd., their directors, agents, employees, volunteers, participants or other representatives of HeLa Ventures Ltd. of all responsibility for such injury, loss or damage.

As a participant, I agree to follow the rules and guidelines as set out by the course leaders and/or instructors. Failure to comply with these rules and guidelines could/can result in my being removed from the course and sent home. Should this happen, I will leave with no expectation of refund, or my parents/guardian will be contacted and asked to retrieve me at their expense and return me home.

Initials _____

ALBERTA Protection of Information and Privacy Act (PIPA):

By signing below I consent to having the information in this document collected by The Directors of HeLa Ventures Ltd.. The personal information requested on this form is collected under the authority of HeLa Ventures and the PIPA Act to allow participation in HeLa Ventures programs. Certain personal information may be made available to federal and provincial government departments and agencies under appropriate legislative authority. Personal information is protected under the Alberta PIPA Act. For further information, contact HeLa Ventures Ltd.

ACKNOWLEDGEMENT

I ACKNOWLEDGE THAT I HAVE READ the above disclaimer, description of risks and release. I also acknowledge that I understand, appreciate and accept the physical risks associated with my participation in HeLa Ventures Adventure Programs, and that I have executed this assumption of risk agreement voluntarily.

Signed this _____ day of _____, 20 _____ at _____.

Signature of Participant

Signature of Witness (HeLa Ventures Representative)

Signature of Parent or Guardian listed above (if under 18)

Printed Name of Witness