

Activity Exercise

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 1849 locality of Orangeville/Fergus 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: Metcalf Rock					
Activities of Significance: Abseil Day					
Departure Date:		1 Oct 2022		Pickup Date:	
Arrive Fergus LHQ:		0730h	Arrive Orangeville LHQ:		0800h
				Pickup Time:	
				1600h 1630h	
Method of Transport:		Parent Drop off and Pickup @ LHQ. BUS to/from training location		Cost per Cadet:	
				None	
Additional Information:					
This is a 1-day Abseil Exercise					

or any other activities related to this trip, hereby:

- a. acknowledge having read the terms and conditions of this optional activity and indicate my understanding and acceptance;
- b. I acknowledge that my son/daughter/ward **will have** "FREE TIME" on this activity without direct supervision;
- 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. understand, I **MUST** be available by phone for the entire duration of the activity and that I will pick up my son/daughter **ON TIME** as indicated above and on the website.

Accept:	Phone#1	Phone#2	(Initial Applicable)
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- 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. waive all claims of any nature or kind whether in contract, tort, negligence or otherwise, against His Majesty the King in right of Canada, His officers, servants, agents, employees and members of His Canadian Forces the Cadet League its officers, servants, agents, employees and members and the 1849 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;

Signature of Parent/Guardian	Date
CADET NAME (Last, First) : _____	

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: <input style="width: 80%;" type="text"/>	Disagree: <input style="width: 80%;" type="text"/>	(Initial applicable)
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IBUPROPHEN tablets for pain relief, muscle pain or fever will be administered according to package directives.

Agree: <input style="width: 80%;" type="text"/>	Disagree: <input style="width: 80%;" type="text"/>	(Initial applicable)
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GRAVOL 50 mg tablets for travel nausea will be administered according to package directives.

Agree: <input style="width: 80%;" type="text"/>	Disagree: <input style="width: 80%;" type="text"/>	(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: <input style="width: 80%;" type="text"/>	Disagree: <input style="width: 80%;" type="text"/>	(Initial applicable)
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ROBITUSSIN DM syrup for cough suppression will be administered according to package directives.

Agree: <input style="width: 80%;" type="text"/>	Disagree: <input style="width: 80%;" type="text"/>	(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

5. Cadets are requested to provide a list of their dietary limitations (if any)

Signature of Parent/Guardian	Date
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Annex B

Participant Kit List

All cadets participating on Abseil Day are to bring the following equipment:

Personal

- FTU's (C-5 Combats with boots)
- 1 pair Trousers or equivalent (1 worn)
- 1 x Shirt or equivalent (1 worn)
- Hiking boots that tie up or Shoes that tie up (worn)
- 2 pair Wool Socks/Warm Socks (1 packed, 1 worn)
- Rain Gear
- Warm Jacket or Cadet parka
- Hat
- Gloves
- Day Back Pack
- Water Bottle (Refillable)
- Healthy Snacks