



## INFORMED CONSENT FORM

Dear Parent or Legal Guardian:

Welcome to our program! Please read this page carefully and ask us if you have any questions.

Our activity for today is the **Wild Mushrooms program** where we will be hiking approximately 4 km on the Skagit Trail, stopping along the way to learn about fungi, and also to have lunch.

Please note that:

- all children are required to have an **accompanying adult** (parent, legal guardian or designated guardian) with them who are responsible for their supervision and safety
- this form **must be signed** on the reverse side **by a parent or legal guardian** in order for children to participate in this program
- a separate **medical form** must be completed and submitted to program leaders for any child that has (a) medical condition(s) that emergency personnel would need to know about if a parent or legal guardian is not available.

There are **inherent risks** involved in this program. They include, but are not limited to:

- accidents which occur during transportation or travel to and from this program
- slips and falls, loss of balance, impact, cold water immersion
- repetitive strain injuries, dislocated shoulders
- hypothermia, frostbite, dehydration, sunstroke, heatstroke, sunburn
- changing and inclement weather conditions including storms, high wind and lightning
- landslides and falling objects
- steepness of terrain, tree wells, crevasses
- encounters with domestic or wild animals
- bites from insects, including ticks with the possibility of leading to disease
- poisonous plant contact, exposure to fungi and fungal spores
- choking, food poisoning, cuts
- negligence on the part of other participants
- negligence on the part of the releasees, including failure on the part of the releasees to safeguard or protect my child/children from the risks, dangers and hazards of participating in the activities

**Please complete the reverse side.**



## INFORMED CONSENT FORM

**Please read the information on the reverse side.**

By signing below, you acknowledge that:

- you have read and understood all of the information on the reverse, including the inherent risks
- you hold harmless HOPE MOUNTAIN CENTRE FOR OUTDOOR LEARNING, Her Majesty the Queen in the Right of the Province of British Columbia and its directors, officers, employees, instructors, guides, agents, representatives, independent contractors, subcontractors, suppliers, sponsors, successors and assigns (all of whom are referred to on this document as “the Releasees”)

As the parent or legal guardian of:

\_\_\_\_\_  
Child’s First and Last Name

\_\_\_\_\_  
Child’s First and Last Name

\_\_\_\_\_  
Child’s First and Last Name

\_\_\_\_\_  
Child’s First and Last Name

I request that my child/children participate in this Hope Mountain Centre program and I have read and understood all of the above.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of **Witness** (must be age 19 or older)

\_\_\_\_\_  
Signature of **Parent or Legal Guardian**

\_\_\_\_\_  
Please print name clearly

\_\_\_\_\_  
Please print name clearly