



Parental Consent, Disclosure, and Acknowledgement of Risk

I am aware that my child will be participating in recreational canoeing and kayaking with his/her school through the Fort Canoe and Kayak Club (the 'Activities'). I am aware that participation in the Activities involves risks, dangers and hazards including, but not limited to, failure to act safely or within one's ability or to stay within designated areas; and negligence of other persons who are not employed or contracted through Fort Canoe and Kayak Club.

I have reviewed with my child the importance of being safe while participating in the Activities and following the rules and directions of coaches and other staff.

My child does not have any health conditions which would prevent him/her from participating in the Activities.

I give my permission to the Fort Canoe and Kayak Club to provide medical care or arrange for medical care to be provided to my child during the Activities, should they deem it appropriate. I understand and agree that I am fully responsible to ensure that my child has full travel, medical and evacuation insurance that provides coverage for the duration of their trip with Fort Canoe and Kayak Club. I also understand and agree that I am fully responsible for all costs of medical care, including rescue and evacuation to appropriate medical facilities, provided to my child for any reason. I will reimburse Fort Canoe and Kayak Club for any and all such costs.

I hereby confirm that I have read and understood this document prior to signing it and agree that this document will be binding upon my, my heirs, executors and assigns.

Name: _____

Parent/Guardian: _____

Address: _____

City/Province/Postal: _____

Phone: _____

Email: _____