

**INFORMED CONSENT/PERMISSION FORM  
FOR SCOUTS CANADA TRIPS**

**2017**

Scouts Canada is arranging Treetop Trekking on ( insert date)\_\_\_\_\_.

THIS FORM MUST BE READ AND SIGNED BY EVERY PARTICIPANT WHO WISHES TO PARTICIPATE AND BY A PARENT OR GUARDIAN OF A PARTICIPATING STUDENT.

Elements of Risk:

Programs such as Treetop Trekking involve certain elements of risk. Injuries may occur while participating in these activities. The following list includes, but is not limited to, examples of the types of injury which may result from participating in Treetop Trekking.

1. Bumps and bruises
2. Catastrophic Injury
3. Death

The risk of sustaining these types of injuries result from the nature of the activity and can occur without any fault of either the participant, or Scouts Canada, its' employees/agents or the facility where the activity is taking place. By choosing to take part in the activity, you are accepting the risk that you/your child may be injured.

The chance of an injury occurring can be reduced by carefully following instructions at all times while engaged in the activity.

If you choose to participate in Treetop Trekking on (insert date) \_\_\_\_\_ , you must understand that you bear the responsibility for any injury that might occur, unless said injury is a result of negligence on the part of Treetop Trekking.

Scouts Canada does not provide accidental death, disability, dismemberment or medical expense insurance on behalf of the participant participating in this activity.

**ACKNOWLEDGEMENT**

WE HAVE READ THE ABOVE. WE UNDERSTAND THAT IN PARTICIPATING IN THE ACTIVITY DESCRIBED ABOVE, WE ARE ASSUMING THE RISKS ASSOCIATED WITH DOING SO.

Name of Participant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Signature of participant: \_\_\_\_\_ Date: : \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: : \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

PERMISSION: I give (insert name)\_\_\_\_\_ permission to participate in Treetop Trekking to be held on or about (insert date)\_\_\_\_\_ .

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_