

**GREEN ACRES DAY CAMP INC., ALL-STAR SPORTS CAMP INC.,
and GREEN ACRES OUTDOOR EDUCATION CENTRE, MARKHAM
(herein known as The Green Acres Leadership Centre)**

Name of School: _____ Date of trip: _____

Disclosure of Inherent Risk

Adventure programming involves a variety of activities that include warm-ups, games, group initiatives, ropes course elements and other rigorous physical activities. (The level of participation in an activity is at all times completely up to the individual). Yet, as in all adventure activity, there is a risk which must be assumed by each participant that he or she may suffer an emotional or physical injury.

Acknowledgement

I/we understand that parts of the Training Course may be physically or emotionally demanding. I/we affirm that the applicant's health is good and that he/she is not under the care of a physician for any undisclosed condition that may bear upon participation in adventure activities. I recognise the inherent risk of injury in adventure activities. I/we understand that each participant must assume the risk of physical injury that could result from any of these activities.

I/we have read and understand these warnings.

Date: _____ Name of Participant: _____

Participant Signature: _____

If participant is under 18 years of age a parent or guardian must complete the section below:

Parent/Guardian: _____ Relationship: _____

Parent/Guardian Address: _____
Street Number Street City Postal Code

Home Phone: (____) _____ Business Phone: (____) _____

I give my son/daughter _____ permission to participate in the adventure programmes at the Green Acres Leadership Centre.

Parent/Guardian Signature: _____ Date: _____

Participant Health Information (Must Be Completed By All Participants)

Certain health/medical information must be made known to the instructors of adventure programs so that they are prepared to respond appropriately if the need arises. This information will be held in confidence. Please complete this form and bring it with you to the scheduled workshop.

Participant's Name: _____ Date of Birth: _____

Any physical disabilities or limitations? Please circle: NO YES If yes, identify and explain...

Any medications which are currently being taken (prescribed or otherwise)? Please circle: NO YES If yes, identify and explain...

Any recent injuries, illnesses, or operations? Please circle: NO YES If yes, identify and explain...

Allergies, reactions to medications, any other medical limitations? Please circle: NO YES If yes, identify and explain...

Contact in case of an emergency Name: _____

Phone: (____) _____ Alternate Phone: (____) _____