



Dear parent or legal guardian,

Elevation Outdoors is running our Wind in Your Sails program this May and June for socially and financially disadvantaged youth in the Kelowna area. Your child has expressed interest in the program and has been considered by their youth worker or teacher to be a good candidate for participation.

The program involves teaching young people to sail starting from an introductory level. It also involves reflecting upon this experience and using it as a metaphor for life experiences and learning. The program will run for 6 weeks with 1 session per week beginning on Tuesday May 16 and running until Tuesday June 20th. There will be an orientation session held on Tuesday May 9th to allow us to meet the participants and explain a bit about the program.

This letter is informing you of the inherent risks in the activity of sailing. Injury to participants is always a possibility when taking part in this sport.

I understand and acknowledge that participation in the program may be dangerous and may involve risks which include, but are not limited to, bodily injury, partial or total disability, paralysis and death. I also understand and acknowledge that the social and economic losses or damages which can result from those risks and dangers can be severe and that not all such risks and dangers may be known or reasonably foreseeable at this time. I accept the responsibility for losses or damages resulting from all such risks and dangers involved in participation in the program. Typical injury risks come from, but are not limited to, slipping/falling on wet surfaces, falling out of a boat, or being hit by moving parts of the boat. Lifejackets are required at all times for participants.

Elevation Outdoors is requesting that you fill out the form below stating that you have read and are aware of the inherent risks of this activity, before your child is permitted to participate in the program. We are also requesting that you fill out the attached medical form with all relevant details and BC medical numbers.

Please be assured that all appropriate safety measures and risk management practices will be exercised while the programs are being delivered. Participants will be supervised at all times when in the program. It is our intention to create a

long-lasting, learning experience for the young people involved and we will be taking their safety very seriously.

(please detach and return to Elevation Outdoors)

Permission to Participate in Elevation Wind in Your Sails 2016

Name of Participant: _____

Name of parent/guardian: _____

I have read the attached letter and understand the inherent risks in the activity of sailing, as well as the risks of participating in the program. I give my child permission to participate in this program with this in mind.

Video and Photographs

Elevation Outdoors has permission to use my or my child' s photograph/video/audio recordings to promote the organization. I understand that the images may be used in various formats not limited to print publications, online publications, presentations, websites, and social media.

Yes No Initial_____

Parents email address : _____

Initial_____

I give permission to Elevation Outdoors to contact me about future programs and opportunities that come available.

Signature of parent/guardian: _____

Signature of Participant: _____

Date: _____