



Get a Grip Application Form

Name of Youth: _____

Age (as of April year applying): _____ Pronouns: _____

How did you hear about us? _____

Place of residence/address (and postal code):

Do you identify as an individual within the BIPOC community? All information will be kept confidential in accordance with federal law and does not affect your eligibility for our programs, we collect this information to provide participant demographics to our funders.

(circle one) **Y** **N**

If you answered yes, **please circle**:

Metis - First Nations – Inuit – Other – Unknown – Prefer not to answer

Are you a first-time rock climber? (circle one): **Y** **N**

If no, how many days of experience have you had and how long ago?

Please give reasons **why you** want to participate in the 'Get a Grip' program (youth's words only please):

Can you be available every Tuesday and Thursday evening in the month of May for indoor climbs and the last Saturday of May/first Saturday of June for outdoor climbs?

(circle one) **Y** **N**

Please list any previously known conflicts with these days:

Please enter youth's height, weight, shirt and shoe size (for supply and rental purposes):



Parent/Guardian Email Address (this is where we will send notice of acceptance into the program and program information once accepted):

Pick Up Location

Please indicate which of our central locations you would like to be picked up and dropped off at, for transport to the mountain:

- Xtreme Theatre West Kelowna parking lot (beside Dairy Queen)
- Orchard Park bus loop
- Rutland Shell (Gerstmar and Hwy 33)
- Rutland 7-11 (Rutland Rd and Hwy 33)

Type of Spot

Please indicate the type of spot you are applying for:

- Paid spot (\$350/participant - invoice will be sent once participant has been accepted into the program)
- Full scholarship spot (please attach proof of eligibility, see below)
- Partial scholarship spot (if you are not eligible for a full scholarship seat but would like to inquire about partial support, please select this option and we will follow up with you to discuss options!)

* If applying for a scholarship seat, please email proof of eligibility to programs@elevationoutdoors.ca.

To see our eligibility criteria, and approved documents, please visit <http://www.elevationoutdoors.ca/programs/> (and scroll down on the web page).

Google Calendar Sharing

Elevation Outdoors has permission to share Google Cal dates with my and/or my child's email address (leave blank if not interested).

Parent's email address: _____

Youth's email address: _____

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

Initial _____ I give permission for Elevation Outdoors to provide my contact information to the Canadian Tire Jumpstart Foundation. As partial funders for this program they like to be able to contact you directly with future opportunities.



Permission to Participate in Elevation's Get a Grip Program

Dear parent or legal guardian,

Elevation Outdoors is running a program called "Get a Grip" this spring for youth in the local area. The program involves teaching young people how to climb starting from an introductory level. The program will run primarily at Beyond the Crux Climbing Gym in Kelowna with 1-2 trips to an outdoor climbing area with a certified guide from Hoodoo Adventures to go climbing outdoors.

This letter is to inform you of the program and the expressed interest, as well as the inherent risks in the activity of climbing. Injury or death to participants is always a possibility when engaging in climbing. These risks include, but not limited to: falling, mechanical failure of the equipment; loss of balance or control; variable and difficult climbing conditions; collision with walls, climbing holds, exposed or hidden structural supports or beams or floor; rope abrasion, entanglement and other injuries resulting from activities on or near the climbing wall such as, but not limited to climbing, belaying, rappelling, lowering on ropes, rescue systems and other rope techniques; Injuries resulting from falling climbers or dropped items, such as, but not limited to ropes, auto belays, climbing hardware or wall parts; failure of ropes, harnesses, slings, climbing holds, anchor points, or any part of the climbing wall; collision with other equipment or structures; collision with other persons; illness or trauma; the proximity of medical care which may or may not be readily available; the failure to act safely or within one's own ability or to stay within designated areas; negligence of other climbers and/or other persons; and negligence on the part of Elevation Outdoors Experiential Programs Association or its staff and volunteers, including the failure on the part of Elevation Outdoors Experiential Programs Association or its staff to safeguard or protect from the risks, dangers and hazards of the activities

We are 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 asking that you complete the attached medical form with all relevant details and BC medical numbers. 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 sign on following page



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

Name of parent/guardian: _____

Signature of parent/guardian: _____

Signature of Participant: _____

Date: _____

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 _____

Contacting Youth

Elevation Outdoors has permission to contact my child by phone (text or call) to confirm program attendance and to communicate with as need arises, during or between program dates.

Yes No Initial _____

Youth phone number: _____

Email to info@elevationoutdoors.ca

This program is brought to you, in part, by:



Working with communities in BC's Interior, Lower Mainland, Central & Northern Vancouver Island





COVID 19/Infectious Diseases RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT

BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

In consideration of the Participant being permitted to participate in Elevation programs, I/ we hereby agree as follows:

1. TO WAIVE ANY AND ALL CLAIMS that I/we have now or may in the future have against Elevation in connection with the Participants participation in Elevation programming, including Elevation’s directors, officers, employees, agents, and representatives (all of whom are hereinafter collectively referred to as the “RELEASEES”);
2. TO RELEASE THE RELEASEES from any and all liability for any loss, damage, injury or expense that I/we or the Participant may suffer as a result of the Participant participating in Elevation programs due to Covid 19, or due to any cause whatsoever, INCLUDING NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE, INCLUDING ANY DUTY OF CARE OWED UNDER THE OCCUPIERS LIABILITY ACT, R.S.B.C. 1996, C.337, ON THE PART OF THE RELEASEES;
3. TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES from and against any and all claims, actions, damages, liability and expenses in connection with loss of life, personal injury sustained or damages arising from the Participant participation in Elevation programs, including the loss of any registration fees, and to indemnify Elevation from and against any claims that the Participant may have, now or in the future, against Elevation as a result of the Participant participating in Elevation programs; and
4. This agreement shall be effective and binding upon my/our heirs, next of kin, executors, administrators, assigns and representatives in the event of my/our death or incapacity.

In entering into this Agreement, I/we am not relying upon any oral or written representations or statements made by the Releasees other than what is set forth in this Agreement.

I/WE HAVE READ AND UNDERSTAND THIS AGREEMENT AND I/WE ARE AWARE THAT BY SIGNING THIS AGREEMENT I/WE ARE WAIVING CERTAIN LEGAL RIGHTS WHICH I/WE OR MY/OUR HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST THE RELEASEES.

This agreement must be completed in full, signed, dated and witnessed before participating in the program.

Guardian Name _____

Guardian Signature _____

Witness Name _____

Witness Signature _____



Participant's Medical Form

Name of Youth: _____

BC Med Care Card # _____

Date of birth (year, month, day): _____

Parent/Guardian's name: _____

Address: _____

Phone # (hm) _____ (wk) _____ (cell) _____

Emergency contact name: _____ ph # _____

Medical History

(please circle yes 'Y' or no 'N' to the following questions)

1. Has your child ever suffered any form of **Asthma**? **Y N**

If yes, do they take any medication for it? What type?

2. Has your child ever suffered any form of **Allergy**? **Y N**

If yes, what are they allergic to and what, if any, medication is taken?

3. Does your child have any of the following conditions?

Phobias **Y N**

Diabetes **Y N**

Previous concussion(s) **Y N**

Bleeding disorder **Y N**

Heart condition **Y N**

Migraines/headaches **Y N**

Seeing disorders **Y N**

Hearing disorder **Y N**

Epilepsy **Y N**

Ankle/knee/joint problems? **Y N**

Please provide details of questions for which 'yes' was answered: _____

4. Date of last Tetanus injection? _____

(if not within last 10 years, participant may receive a tetanus injection by a medical officer if they receive a tetanus prone wound)

Please finish on next page.



5. Is your child on any ongoing medications?

Please provide details of medications, dosage and frequency taken:

Do you give permission to your child to self-administer these medications? **Y / N**

6. Do you give permission for your child to be given non-prescription medications for the following conditions?

Pain/fever (e.g. Tylenol, Advil) **Y N**

Cold/flu tablets **Y N**

Bites/stings/hay fever/allergy (e.g. antihistamine) **Y N**

7. Is there anything about your child's situation that we need to be aware of in regards to his/her participation in this program (example: Behaviour or medical concerns)? **Y N**
If Yes, please explain:

8. In the case of accident or illness, I authorize the caregiver to administer first aid and/or be taken to the nearest emergency center. I consent for my child to receive medical treatment. I consent that in the event of severe illness/injury the means of transportation may be by ambulance at a cost to myself. **Y N**

_____ **Initial**

I declare that the information which I have provided on this for is complete and correct and that I will notify the program if any changes occur. I authorize the facilitator who is with my child to consent, where it is impractical to communicate with me, for my child to receive such medical or surgical treatment as may be deemed necessary.

Signed _____ **(parent/guardian)**

Date _____