

Registration Form

Continuing Education & Contract Training

WHAT IS YOUR PREFERRED INTAKE DATE:

Have you previously attended College of the Rockies? Yes No If YES, Student Number (if known)

First Name Last Name Middle Name

Former Last Name SIN DOB YYYY MM DD

Address City/Town Province

Postal Code Email Phone

EMERGENCY CONTACT

Name Phone

GENDER IDENTITY

Woman

People whose current gender is woman. This includes cisgender and transgender people who are women.

Man

People whose current gender is man. This includes cisgender and transgender people who are men.

Non-Binary Gender

People whose current gender is not exclusively a woman or man. This includes people who do not have one gender, have no gender, are gender fluid, or are Two-Spirit.

Prefer Not to Answer/Unknown

WOULD YOU SAY YOU ARE

Cisgender

People whose sex assigned at birth is the same as their gender.

Transgender

People whose sex assigned at birth is different from their gender.

Prefer Not to Answer/Unknown

VOLUNTEER DISCLOSURE

Aboriginal Status: Yes No

If yes, check all that apply:

First Nations Metis Inuit Status Non-Status

CITIZENSHIP STATUS

Canadian: Yes No

If NO, what is your country of origin:

Permanent Resident International Student
Work Visa Live-in Caregiver
Other: Refugee

RELEASE OF INFORMATION:

If you wish to authorize someone to act on your behalf with respect to application status, registration, financial information/activities, transcripts or graduation, please complete the Student Information Release Authorization (available from the Registrar's office or online).

CONSENT FOR INFORMATION DISCLOSURE AND DECLARATION OF APPLICANT

I hereby declare that the information I have submitted in this application for admission is true and correct to the best of my knowledge. Completion and submission of this application permits College of the Rockies to request and/or confirm any information necessary to support my application for admission. The submission of any false statements or documents can result in the cancellation of my admission or registration status. I understand that submission of this application in no way guarantees admission to a program or course, and that admission is subject to meeting program or course prerequisites and space availability. No decision on my eligibility for admission will be made until the application fee and all the required documents have been submitted. I agree to abide by the established rules and regulations of the College including those of the department and program in which I shall be registered, and any changes which may be made while I am a student at College of the Rockies.

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY

In submitting this application, I understand that the personal information on this form is collected under the authority of the College and Institute Act. I understand the information collected on this application is consistent to the Freedom of Information and Protection of Privacy Act and will be used confidentially for purposes of admission, registration, student support services, research, alumni relations, administration of the Student Association fees and other purposes consistent with the mandate of the College. In providing the College with an email address, I acknowledge that the College may send confidential information about me to this address. Any questions I have concerning the collection and use of this information should be directed to the Registrar's Office.

I give my consent to disclose my information per the above declaration.

I hereby certify that the information provided in this Application is true, accurate and complete.

Applicant's Initials

_____ (Initial here in lieu of signature)

Date



ELK WATERSHED DISCOVERY CAMP 1

RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT (hereinafter referred to as the "Release Agreement")

**BY SIGNING THIS DOCUMENT YOU WILL WAIVE OR GIVE UP CERTAIN LEGAL RIGHTS,
INCLUDING THE RIGHT TO SUE FOR NEGLIGENCE, BREACH OF CONTRACT OR BREACH OF THE OCCUPIERS LIABILITY ACT
OR CLAIM COMPENSATION FOLLOWING AN ACCIDENT**

PLEASE READ CAREFULLY!

INITIAL

TO: THE COLLEGE OF THE ROCKIES and its directors, officers, employees, instructors, agents, representatives, volunteers, independent contractors, subcontractors, sponsors, successors, and assigns (hereinafter collectively referred to as the "Releasees").

Name	Last	First	Date of Birth(dd/mm/yyyy)	
Address	Street	City	Prov/State	
	Postal/Zip Code	Telephone	Email	

UNDERSTANDING AND ACKNOWLEDGMENT OF RISKS:

I understand and acknowledge that participating in this program will involve serious risks to myself and other participant(s), both anticipated and unanticipated, that could result in injury, disease, illness and death to myself, other participant(s) and others, and damage to or loss of property. The Program involves high risk activities and is designed for healthy and fit adults who are interested in extreme wilderness adventure. The Program is not designed for students who are interested in purely recreational activities. I have read the application published by the releasees.

ASSUMPTION OF RISKS

I am aware that the Elk Watershed Discovery Camp 1, which includes high risk activities such as:

Travelling in College vehicles, on highways and logging roads in adverse conditions, swimming in lakes, paddleboarding, flyfishing, hiking, which involve many risks, dangers and hazards including, but not limited to:

- cuts, bruises, sprains, strains, burns, partial/complete drowning, fractures, hypothermia, trauma, shock, disease, illness, heat and cold injuries including heat prostration, frostbite, severed limbs, paraplegia, quadriplegia, brain injury, physical and mental injury, and death, which may arise from accidents or incidents caused by,
- accidents while paddleboarding, flyfishing and swimming including extreme conditions,
- wildlife encounters/attacks, falls, camping, hiking, varied terrain including steep high alpine, forested, flood plains, canyons and river crossings, from falling objects such as rocks and trees,
- exposure to extreme wind, rain, and temperature conditions while travelling in mountainous areas
- falls, collisions, and other problems resulting from using and operating technical or faulty equipment rope systems supplied by releasees or other parties, on mountains, and rivers,
- rescues and failed rescues, delayed or inappropriate medical treatment; acts, errors, or omissions of releasees, including negligence of releasees,
- acts, errors, or omissions, including negligence of other participants, the Participant's own acts, errors, or omissions including negligence,
- infectious disease contracted through viruses, bacteria, parasites, and fungi which may be transmitted through direct or indirect contact,
- negligent first aid; failure to act safely or within one's own ability or to stay within designated areas,
- negligence of other persons; and **NEGLIGENCE ON THE PART OF THE RELEASEES.**

I UNDERSTAND THAT NEGLIGENCE INCLUDES FAILURE ON THE PART OF THE RELEASEES TO TAKE REASONABLE STEPS TO SAFEGUARD OR PROTECT ME FROM OR WARN ME OF THE RISKS, DANGERS AND HAZARDS REFERRED TO ABOVE. I am also aware that the risks, dangers and hazards referred to above exist throughout and beyond the College premises and that many hazards are unmarked. **I FREELY ACCEPT AND FULLY ASSUME ALL SUCH RISKS, DANGERS AND HAZARDS AND THE POSSIBILITY OF PERSONAL INJURY, DEATH, OR PROPERTY DAMAGE OR LOSS RESULTING THEREFROM.**

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT.

In consideration of the Releasees accepting my participation in Elk Watershed Discovery Camp 1 and permitting my use of College equipment, (hereinafter "College property") and/or College of the Rockies, Fernie Campus at 342-3rd Ave. (hereinafter "College premises") I hereby agree as follows:

1. TO WAIVE ANY AND ALL CLAIMS that I have or may in the future have against **THE RELEASEES, and TO RELEASE THE RELEASEES** from any and all liability for any loss, damage, expense or injury including death that I may suffer, or that my next of kin may suffer, as a result of my use of College property or my travel beyond the activity area **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, RSBC 1996, c. 337 ON THE PART OF THE RELEASEES.** I UNDERSTAND THAT NEGLIGENCE INCLUDES THE FAILURE ON PART OF THE RELEASEES TO TAKE REASONABLE STEPS TO SAFEGUARD OR PROTECT ME FROM OR WARN ME OF THE RISKS, DANGERS AND HAZARDS REFERRED TO ABOVE.

2. TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES from any and all liability for any damage to the property of or personal injury to any third party, resulting from my participation in the activity, my use of College property, or travel beyond the activity area.
3. This Release Agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives, in the event of my death or incapacity;
4. This Release Agreement and any rights, duties and obligations as between the parties to this Release Agreement shall be governed by and interpreted solely in accordance with the laws of British Columbia and no other jurisdiction; and
5. Any litigation involving the parties to this Release Agreement shall be brought solely within British Columbia and shall be within the exclusive jurisdiction of the Courts of British Columbia.

In entering into this Release Agreement, I am not relying upon any oral or written representations or statements made by the Releasees with respect to the safety of Elk Watershed Discovery Camp 1 other than what is set forth in this Release Agreement. This Release Agreement will become effective on July 1, 202__ and will continue in effect until August 31, 202__.

I HAVE READ AND UNDERSTAND THIS RELEASE AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS THAT I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS, ASSIGNS AND REPRESENTATIVES MAY HAVE AGAINST THE RELEASEES.

Signed this ____ day of _____, 20__

Signature of Witness
Please print name clearly

Signature of PARTICPANT
Please print name clearly
Signature of Parent or Guardian if participant under 19 years



WAIVER OF ALL CLAIMS, RELEASE OF LIABILITY AND ASSUMPTION OF RISKS

In this Waiver, the Elk River Watershed Alliance (ERA) includes the society and its officers, directors, members, employees, contractors and any persons acting on their behalf. ERA must obtain completed and signed waiver forms for all participants taking part in ERA activities.

I agree to be bound by this Waiver (including the release from liability, waiver of all claims and agreement not to sue). I also agree to assume the risks associated with activities in a field setting, which can include but are not limited to: uneven terrain, machinery, water related risks, adverse weather, and encounters with domestic and wild animals.

In addition, I also agree for myself, my heirs, my executors, administrators and assignees to forever discharge and release ERA for any personal injury, death, property damage or loss sustained by me as a result of my participation due to any cause whatsoever, including negligence on the part of ERA.

I fully understand the risks and dangers associated with participation in activities as a camper with ERA, and the possibility of personal injury, property damage or loss, or even death resulting in ERA summer camp activities. I agree not to sue ERA on account of any circumstance whatsoever arising from taking part in any ERA volunteer activities.

By signing this Waiver, I agree to indemnify ERA against all costs, claims and liabilities of any kind whatsoever arising from ERA camp activities.

COMMUNICABLE DISEASE (e.g. COVID-19)

I understand that camps may be impacted by future government regulations with regards to communicable diseases. I will abide by these regulations while participating in activities with the Elk River Alliance.

I will not hold the Elk River Alliance responsible if I contract any communicable disease while participating in the camp.

I agree by signing this that I will not participate in activities with the Elk River Alliance if I am currently displaying communicable disease symptoms, or have been asked to quarantine by a health care practitioner.

SUMMER DAY CAMPS JULY 1-AUGUST 31, 2024

LOCATION--ELK RIVER WATERSHED

2024 CAMP DATES (check one)

- | | | |
|---|---|--|
| <input type="checkbox"/> July 8-12 (Ages 7-10) | <input type="checkbox"/> July 22-26 (Ages 7-10) | <input type="checkbox"/> August 12-16 (Ages 11-14) |
| <input type="checkbox"/> July 15-19 (Ages 7-10) | <input type="checkbox"/> July 29-August 2 (Ages 7-10) | <input type="checkbox"/> August 19-23 (Ages 11-14) |

PHOTOGRAPHY/MEDIA CONSENT

Do you give permission for you/your child to have photos taken to be shared with parents/caregivers of other campers? Yes No

Do you give permission for you/your child to have photos taken for Elk River Alliance promotional or educational materials, grant writing, etc? Yes No

ERA MEMBERSHIP: Are you currently an ERA member in good standing? Yes No

Name of Participant: _____


If under 18, Name of Parent or Guardian (print): _____



Signature of Participant or Parent/Guardian _____

Witness Signature _____ Date: _____

Fernie Campus, Box 1770, Fernie, BC, V0B 1M0
Phn: 250-423-4691 Fax: 250-423-3932, Toll Free: 866-423-4691

REGISTRATION FORM

Camper's Last Name	Camper's First & Middle Name	Female/Male – Gender Identity	
Telephone Numbers: Home: _____ Work: _____ Other: _____	Mailing Address		
	City/Town	Postal Code	
Date of Birth YR MO DAY	Email Address:		

 	Preferred Payment Method:
	Visa card # _____ exp date _____ svc# _____
	M/C # _____ exp date _____ svc# _____
Name on Credit Card _____	

Signature: _____



Photography / Video / Copyright RELEASE FORM

I, _____, do hereby give the
College of the Rockies permission to use, in any way they deem fit, the item/image/video/
logo described as _____

I hereby release all rights and future claims to the aforementioned item. These images may
appear in any of the wide variety of formats and media including, but not limited to, print,
broadcast, videotape, CD-ROM, DVD, and electronic/online media.

For Parents/Guardians Only

Please Print Clearly

I, _____, do hereby
give the College of the Rockies permission to use, for publicity and/or
promotion, the video/photograph of myself and/or my son/daughter/ward
named _____

Name: (Please Print) _____
(I am 18 years of age or older.)

Signature: _____ Date: _____

FOR MORE INFORMATION:

Heather Jackson, Manager of Communications and Marketing
College of the Rockies • Box 8500, Cranbrook, BC V1C 5L7
Phone: 250-489-2751 ext. 3258 • Fax: 250-489-1790
email: jackson@cotr.bc.ca

**COLLEGE OF
THE ROCKIES**

Emergency & Medical Information and Consent Form

Participant Name: _____

Emergency Contact Information

Parent/Guardian #1:

Name: _____ Relationship: _____

Phone: Home _____ Cell _____ Work _____

Address: _____

City/Prov: _____ Postal Code: _____

Parent/Guardian #2:

Name: _____ Relationship: _____

Phone: Home _____ Cell _____ Work _____

Address: _____

City/Prov: _____ Postal Code: _____

Alternate Emergency Contact:

Name: _____ Relationship: _____

Phone: Home _____ Cell _____ Work _____

Address: _____

City/Prov: _____ Postal Code: _____

Emergency Medical Consent

I hereby authorize emergency or surgical treatment for my son/daughter/ward if such treatment is required and the assigned emergency contact cannot be reached for authorization.

Signature: _____ Date: _____

Medical Information

Participant Name: _____

Provincial Health Card # _____

Doctors Name & Phone# _____

Additional Health Plan: _____ Company: _____ Policy: _____

Age: _____ Birth date: _____ (D/M/Y) Height _____ Weight _____

* Please include accurate height and weight as this info is required for the rafting company to appropriately size life jackets

Does your child require any regular medication? Yes No _____

*if YES and medication is required during camp, please provide written directions and discuss with camp leaders

Does your child have asthma? Yes No

Asthma Trigger Factor(s): _____

Does your child have any allergies? Yes No

If YES, please describe types and reactions below.

Does your child use medications to manage allergic reactions (i.e. epipen, Claritin, etc)?

Does your child require any behavioural support? Please let us know how we can help.

Does your child use any special need devices (i.e. glasses, contact lenses, knee braces, hearing aids, etc)? If so, what are they?

**ALL INFORMATION CONTAINED IN THIS DOCUMENT WILL BE KEPT
ABSOLUTELY CONFIDENTIAL**

**RELEASE OF LIABILITY, WAIVER OF CLAIMS,
ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT**

(hereinafter the "Release Agreement")

**BY SIGNING THIS DOCUMENT YOU WILL WAIVE OR GIVE UP CERTAIN LEGAL RIGHTS,
INCLUDING THE RIGHT TO SUE FOR NEGLIGENCE, BREACH OF CONTRACT OR BREACH OF ANY
APPLICABLE OCCUPIERS LIABILITY LEGISLATION OR CLAIM COMPENSATION FOLLOWING AN
ACCIDENT**

PLEASE READ CAREFULLY!

INITIAL

**PLEASE REVIEW AND FAMILIARIZE YOURSELF WITH TRIP DETAILS AND CANCELLATION POLICIES ON OUR
WEBSITE AT (www.canyonraft.com) PRIOR TO COMPLETING AND SIGNING THIS RELEASE**

TO: (CANYON RAFT COMPANY) and their respective owners, directors, officers, employees, agents, representatives, instructors, guides, contractors, subcontractors, sponsors, successors and assigns (all of whom are hereinafter collectively referred to as the "Releasees").

Name		Last	First	
Address	Street	City	Prov/State	
Country	Postal/Zip Code	Date of Birth	Age	Weight

DEFINITION

The term "**Wilderness Travel** " shall apply to all activities, events and services provided, arranged, organized, sponsored or authorized by the Releasees, including but not limited to: whitewater rafting, paddleboarding and canoeing; swimming; hiking; trail walking; scrambling and climbing; use of safety equipment including personal floatation devices, helmets and wet suits; orientation and instructional sessions; all transportation and travel to and from rivers or wilderness locations; loading, unloading and travel by or movement in or around vehicles, watercraft; picnicking, and all related activities.

ACKNOWLEDGEMENT – RIVER TRAVEL SAFETY

I acknowledge that I have been advised to wear a helmet while whitewater rafting and a personal floatation device while participating in all river activities. Instructions as to the proper use of the helmet and the personal floatation device are available from the guides. I am aware that river rafting, paddleboarding and canoeing may involve sudden, violent and unexpected movement which may result in injury or aggravation of previous injuries. I have been advised to seek medical advice if I know or suspect that my physical condition may be incompatible with Wilderness Travel. I acknowledge I will not be under the influence of non-prescription drugs or alcohol while participating in Wilderness Travel.

**RELEASE OF LIABILITY, WAIVER OF CLAIMS,
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PLEASE READ CAREFULLY!

ASSUMPTION OF RISKS

I am aware that participating in Wilderness Travel involves many risks, dangers and hazards including but not limited to: travel in remote wilderness locations where assistance, medical and first aid services and evacuation may not be readily available and communication may be difficult or not be possible; accidents which occur during transportation or travel to and from the river or remote areas; slips, trips and falls; the overturning or upsetting of rafts, paddleboard, canoes or other watercraft; sudden, violent and unexpected movement of watercraft; entrapment by trees, logs, rocks or equipment; drowning; hypothermia due to exposure to very cold water; falling from watercraft into long sections of continuous rapids; impact or collision with rocks, trees, logs, deadfall, watercraft, or raft equipment; encounters with domestic or wild animals including bears; high winds; equipment failure; variation in the water conditions, surfaces and currents; rock or mud slides; accidents involving hiking, walking on slippery surfaces, scrambling, climbing; miscellaneous health problems related to over-exposure to water, the sun, insect bites, fatigue, stress, dehydration, exertion, high altitude, and lack of fitness; infectious disease contracted through viruses, bacteria, parasites, and fungi which may be transmitted through direct or indirect contact; negligent first aid; and negligence of other participants in Wilderness Travel.

Participants may become lost or separated from their guide or party. Communication on the river and wilderness locations is difficult, and in the event of an accident, rescue and medical treatment may not be available.

I am also aware that there is a risk of **NEGLIGENCE ON THE PART OF THE RELEASEES. I UNDERSTAND THAT NEGLIGENCE INCLUDES FAILURE ON THE PART OF THE RELEASEES TO TAKE REASONABLE STEPS TO SAFEGUARD OR PROTECT ME FROM OR WARN ME OF THE RISKS, DANGERS AND HAZARDS OF PARTICIPATING IN WILDERNESS TRAVEL. I FREELY ACCEPT AND FULLY ASSUME ALL RISKS, DANGERS AND HAZARDS ASSOCIATED WITH PARTICIPATING IN WILDERNESS TRAVEL AND THE POSSIBILITY OF PERSONAL INJURY, DEATH, PROPERTY DAMAGE OR LOSS RESULTING THEREFROM.**

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

In consideration of the Releasees agreeing to my participation in Wilderness Travel and permitting my use of their equipment, vehicles, parking and other facilities, I hereby agree as follows:

1. TO WAIVE ANY AND ALL CLAIMS that I have or may in the future have against the Releasees **AND TO RELEASE THE RELEASEES** from any and all liability for any loss, damage, expense or injury including death that I may suffer, or that my next of kin may suffer, as a result of my participation in Wilderness Travel **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 ANY APPLICABLE OCCUPIER'S LIABILITY LEGISLATION, ON THE PART OF THE RELEASEES. I UNDERSTAND THAT NEGLIGENCE INCLUDES FAILURE ON THE PART OF THE RELEASEES TO TAKE REASONABLE STEPS TO SAFEGUARD OR PROTECT ME FROM OR WARN ME OF THE RISKS, DANGERS AND HAZARDS OF PARTICIPATING IN WILDERNESS TRAVEL;**

- 2. TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES from any and all liability for any property damage or personal injury to any third party resulting from my participation in Wilderness Travel;
- 3. This Release Agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives, in the event of my death or incapacity;
- 4. This Release Agreement and any rights, duties and obligations as between the parties to this Release Agreement shall be governed by and interpreted solely in accordance with the laws of the Yukon Territory and no other jurisdiction; and
- 5. Any litigation involving the parties to this Release Agreement shall be brought solely within the Yukon Territory and shall be within the exclusive jurisdiction of the Courts of the Yukon Territory

I confirm that I have reviewed the information set out at (CANYON RAFT COOMPANY) and I acknowledge that in entering into this Release Agreement I am not relying on any oral or written representations or statements made by the Releasees with respect to the safety of participating in Wilderness Travel, other than what is set forth in this Release Agreement and (CANYON RAFT COMPANY)

I CONFIRM THAT I HAVE READ THE RELEASE AGREEMENT AND AGREE TO BE BOUND BY ITS TERMS.

Signature of Participant

Date

Signature of Parent/Guardian if under 19 years of age

Signature of Witness