

BAYMOUNT OUTDOOR ADVENTURES INC. – Youth (Age 18 & Under) Participant

ACKNOWLEDGEMENT OF RISK AND RESPONSIBILITY AND INFORMED CONSENT

INFORMED CONSENT OF PARENT OR LEGAL GUARDIAN ACKNOWLEDGEMENT OF RISK AND RESPONSIBILITY FORM FOR CHILDREN UNDER THE AGE OF 19

WARNING: PLEASE READ CAREFULLY BEFORE SIGNING!

NAME OF MINOR PARTICIPANT (please print)

_____/_____/_____
BIRTHDATE OF MINOR PARTICIPANT (dd/mm/yy)

AGE OF MINOR

SIGNATURE OF MINOR PARTICIPANT

EMAIL ADDRESS OF PARENT / LEGAL GUARDIAN

NAME OF PARENT/ LEGAL GUARDIAN

RELATIONSHIP TO MINOR

PHONE NUMBER FOR EMERGENCY

I, _____ (Parent or Legal Guardian), on behalf of the Minor Participant acknowledge the following:

- I am aware that the Minor Participant named above (the “**Minor**”) will be participating in physical outdoor activities solely at my own discretion and the discretion of the Minor. Those activities could include all activities, events, or services provided, arranged, organized, conducted, sponsored, or authorized by BAYMOUNT OUTDOOR ADVENTURES INC., including without limitation: kayaking on water, kayaking in the day, evening or night, travel upon and along the coastline, walking or hiking on uneven surfaces, travel within a provincial park, group travel or individual travel on water or land, observing others engaged in these activities, instructional sessions, transportation to activities, and all other activities, events, and services in any way connected with or related to those activities (collectively, the “**Sea Kayaking Activities**”).
- I UNDERSTAND THAT PARTICIPATION IN SEA KAYAKING ACTIVITIES CAN BE HAZARDOUS AND MAY INVOLVE THE RISK OF PHYSICAL INJURY OR DEATH. I acknowledge that participation in the Sea Kayaking Activities entails known and unanticipated risks that could result in physical or emotional injury, paralysis, drowning, death, or damage to me or the Minor, to my or the Minor’s personal property, or to third parties. I understand that those risks cannot be eliminated without jeopardizing the essential qualities of the Sea Kayaking Activities.
- The risks include but are not limited to: scrapes, cuts and bruises; falling out of a kayak into water or onto rocks; overturning of kayak due to rough water or tides or wind or other vessels; hypothermia due to exposure to very cold water; falling while hiking on rough or uneven surfaces; muscle and joint sprains, strains or dislocations; broken wrists, ankles, legs, and other bones; concussion and head injury; dehydration; and other serious injuries including paralysis or death.
- In addition to the injuries listed above, the Minor may be exposed to falling rocks, trees or other objects, large waves and strong wind, sun burn, tides, weather which may cause injury due to extreme heat, cold or lightning, wild animals, insect bites, hazardous plant life, becoming lost or separated from one’s guide, instructor or party; lack of shelter; limited access to and/or delay of medical attention, and transport by public or private vehicles to and from the activity site.
- I am not aware of the Minor having any existing health, mental, or physical conditions that may increase his or her risk in participating in the Kayaking Activities.
- I UNDERSTAND PARTICIPATING IN KAYAKING ACTIVITIES COULD RESULT IN THE MINOR’S INFECTION WITH THE COVID-19 VIRUS, WHICH COULD INVOLVE FLU-LIKE SYMPTOMS, RESPIRATORY PROBLEMS, ORGAN FAILURE, PERMANENT DISABILITY, OR DEATH. I agree that I will not permit the Minor to participate in any of the Kayaking and Hiking Activities, if: (1) to the best of my knowledge and awareness, the Minor is experiencing, or has experienced in the prior 14 days, flu-like symptoms or symptoms of any transmissible viral or bacterial infection or disease; or (2) to the best of my knowledge and awareness, the Minor has been in contact in the prior 14 days with any person diagnosed with the COVID-19 virus. I will not permit the Minor to participate in any Kayaking Activities if I have been advised by the Minor, any government agency, or the Minor’s doctor to physically isolate due to possible exposure to COVID-19.
- The Minor has been informed that he or she must follow the rules and instructions communicated by the BAYMOUNT OUTDOOR ADVENTURES and its staff, and wear all safety equipment such as a Personal Floatation Device, as directed.
- I understand that if the Minor does not follow the prescribed rules and instruction, he or she might lose their privilege to participate in the Sea Kayaking Activities.
- I understand that trips take place in a provincial park, and that that park is not responsible for my safety.
- In permitting the Minor to participate in Sea Kayaking Activities, I am not relying on any oral, written or visual representations or statements made by the BAYMOUNT OUTDOOR ADVENTURES or their directors, officers, employees, guides/instructors, agents, or representatives or any other inducement.
- Based upon my understandings and acknowledgements described herein, I give the Minor permission to participate in the Sea Kayaking Activities.

Signature of Parent or Legal Guardian _____

Address: _____ Signed this _____ day of _____, 20_____

City: _____ Prov./Territory/State: _____ Postal Code: _____

Print Name of Witness: _____ Signature of Witness: _____