



Participant Information

Name

Address

City

Province

Postal Code

()

Phone number

Date of birth (dd/mm/yy)

Gender

Email

PERSON TO CONTACT IN CASE OF EMERGENCY:

Name

Relationship to participant

Address

Phone

Canoeing and camping experience: ☐ Beginner ☐ Intermediate ☐ Advanced

Swimming ability: ☐ Non-swimmer ☐ Can swim 100 meters ☐ Can swim 500 meters

Health card # (or other health insurance)

PLEASE DESCRIBE IN DETAIL ANY:

Allergies

Medications

Recent illnesses or injuries

Emotional or behavioural conditions

Other medical or chronic conditions

Dietary considerations

This signature verifies the above is complete and correct.

Signature of Participant

Signature of Parent/Guardian (if participant is under 18yrs)

Date

Participant Agreement

I, (NAME OF PARTICIPANT) _____ AGREE TO ABIDE BY THE FOLLOWING WHILE I AM PART OF
INNER CITY OUTTRIPPING CENTRE PROGRAMS AND ACTIVITIES:

I WILL

- ☐ wear a Personal Flotation Device while in a canoe;
- ☐ wear footwear at all times (including when swimming while on trip);
- ☐ not bring drugs, alcohol, or tobacco;
- ☐ not bring knives or other weapons;
- ☐ respect my fellow participants, program leaders, and their property;
- ☐ respect the environment;
- ☐ work with the members of my group and do my share portaging, paddling, and campsite maintenance (eg. cooking, cleaning, packing, setting up camp);
- ☐ not touch or threaten others in a way that is violent or sexual;
- ☐ use respectful words to resolve conflict;
- ☐ make an effort to participate, cooperate, and communicate with my fellow participants and program leaders;
- ☐ contribute to a safe and enjoyable experience.

I understand and agree to the above. I understand that if I do not satisfy this agreement, I may be sent home and/or excluded from future participation.

Signature of Participant

Signature of Parent/Guardian (if participant is under 18yrs)

Date

Waiver of Liability Agreement

Acknowledgement of Risks

I, (name of participant) _____ understand and acknowledge that the Inner City Outtripping Centre (ICOC) programs and associated activities I am to voluntarily engage in as a participant and/or volunteer generates risk and which may result in injury, death, illness, or property damage to myself, other participants, spectators, or other third parties. Initial _____

Acceptance of Risk and Responsibility

I expressly agree to accept and assume responsibility for all of my actions and willingly assume the risks associated with the event as described above. My participation in these activities is purely voluntary; no one is forcing me to participate, and I elect to participate in spite of the risks. Initial _____

Photo Release

I give permission to be in photographs while participating in the ICOC programs and associated activities (names will not be advertised). Initial _____

Permission to Act on My Behalf in Case of Emergency

I hereby give my consent to participate in the ICOC programs and associated activities, including without limiting the generality of the foregoing, any activities organized by the City of Toronto Parks and Recreation Department, and the Toronto Police Service for the period of (session start date) _____ to (session end date) _____. I authorize the City of Toronto and/or the Toronto Police Service, its agents or employees to provide such medical care to myself, as they may deem necessary in the event of injury or otherwise, and agree to pay for all expenses incurred thereby. Initial _____

Release

I hereby voluntarily release and forever discharge the City of Toronto, and the Toronto Police Service, its agents or employees and all other persons or entities from any liability including negligence, or claims, which are related to, arise out of, or are in any way connected with my participation in the ICOC programs and associated activities. I also waive claim against the City of Toronto, its agents or employees and all other persons or entities for any delays howsoever caused, arising out of, or in any way connected with my participation in the ICOC programs and associated activities. Initial _____

I understand and agree to the above.

Signature of Participant

Signature of Parent/Guardian (if participant is under 18yrs)

Date