

VOLUNTARY PARTICIPANT HEALTH & CONTACT INFORMATION

If any Participant, at any time, feels that the activities on the teambuilding day are too risky, you will be allowed to withdraw from participation. It is in our interest that you are not hurt. You are the best judge as to your own physical and emotional safety. Please let the staff know if you have any concerns.

The information on the following form may be required if medical attention is needed during your time in the program. Please advise staff if you would like your medical information returned after program.

Last Name		First Name		Initials
Date of Birth	Age	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
Street/Apt	City	Province/State	Postal/Zip Code	
Telephone	Email			

PLEASE PRINT

In case of Emergency, notify: _____

Relationship _____ Phone: _____

Name of Doctor: _____ Phone: _____

Confirm that you have: BC Medical Services Plan coverage (Yes/No) _____

If 'NO' – please provide us the name and policy number of your medical insurance carrier

Insurance Co. Name - _____ Policy No. _____
(Note that corporate or employer events may have BC Workers Compensation coverage also).

Research has indicated that teambuilding activities can raise heart and respiration in any participant and that persons with a history of heart, and/or respiratory problems can be placed at extreme risk. If this is true for you consult your physician and if you are already on site, please seek medical advice.

If you have been instructed by a physician to carry any medication for known conditions (examples, but not limited to: Inhalers, "Epi"-pens etc.) that you make sure that you have them with you at all times.

I believe that I (OR my son/daughter) am in good health, and I affirm that my (son's/ daughter's) participation in Omada Teambuilding programs will in no way aggravate any condition(s) present.

Trinity Western University and Omada Teambuilding staff has my permission to seek and or administer emergency care for the above participant.

Print name: _____

Signature _____



STOP—READ THIS!!!

Important Information about the program

CHALLENGE BY CHOICE

Our programs are composed of activities that may be unfamiliar to all participants. To ensure our participants' control over their own personal safety, we have adopted the philosophy of "Challenge by Choice". During our programs you only need to do, or attempt to do, the things that you choose. You must listen carefully to all instructions and briefings, set your own goals free of influence of the group's goals, make a decision as to your level of participation and inform the course coordinator(s) of your choice. Although the level of participation in all programs and activities is at all times completely up to the individual, the risk of emotional or physical injury, disability or even death, must be assumed by each participant.

COURSE DESCRIPTION

Omada Teambuilding programs may consist of high and low ropes course, experiential games, orienteering, voyageur canoeing, caving, hiking, rock climbing, snowshoeing, snow caving and dragon boating. Low ropes course activities are low to the ground and members of your group are challenged to use group problem solving, teamwork and initiative. During this time we stress the importance of creating a "safety net" so that the task can be accomplished with full support from the team. The high elements involve two to three people working together to overcome a problem 30 to 75 feet in the air while the rest of the group is responsible for their safety using a rope and harness system.

IF YOU DO NOT UNDERSTAND WHAT TYPE OF PROGRAM YOU WILL BE DOING, IT IS YOUR RESPONSIBILITY TO CONTACT OMADA TEAMBUILDING FOR MORE INFORMATION

PARTICIPANT INFORMATION

- 1.. Appropriate Clothing. Please come prepared for activities outside.
 - Comfortable clothes that in all likelihood will get dirty
 - Warm clothes, a hat and RAIN gear
 - Sneakers / runners are the best choice of footwear. Avoid sandals, jelly shoes, and cleats
2. Please leave all keys, loose change, wallets etc. and all jewelry, including watches, bracelets and ear, nose, and finger rings at home.
3. Trinity is a non-smoking campus. Please respect that. Chewing gum or tobacco can cause you to choke while doing the activities. Please leave it at home.
4. Bring some water and enough food to keep you energized for the amount of time that you will be on the course.

Participant Initial

Waiver and Release

**RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT
BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE!
PLEASE READ CAREFULLY!**

DEFINITION: In this Waiver and Release Agreement, the term "Omada Teambuilding Programs" shall include all activities, events and services provided, arranged, organized, conducted, sponsored or authorized by the Releasees (as defined below) and shall include but is not limited to: use of facilities; use of equipment; demonstrations; orientation and instructional courses; and other activities, events and services in any way connected with or related to Trinity Western University (" TWU") and/or Omada Teambuilding.

I understand that I am entering into an agreement with respect to my participation in Omada Teambuilding Programs, such participation being at my own risk and on the terms set out in this agreement. I acknowledge, represent and agree as follows:

- (a) I understand that Omada Teambuilding Programs may place unusual stresses on the body. I am in proper physical condition for the Omada Teambuilding Programs and to participate in any other activities, classes, programs, instructions or events related to the Omada Teambuilding Programs and I understand that it is my obligation to consult with a physician before commencing using the Omada Teambuilding Programs or participating in any related activities, classes, programs, instructions or events;
- (b) I will strictly and diligently obey all rules, regulations and policies of Omada Teambuilding and TWU in relation to the Services and the directions or instructions of the leader(s) of the Omada Teambuilding Programs and any other employee, volunteer or staff member of TWU or Omada Teambuilding;
- (c) None of the Releasees (as defined below) have made any representation to me about the quality of the Omada Teambuilding Programs or any activity related to the Omada Teambuilding Programs;
- (d) **There are risks** inherent in the Omada Teambuilding Programs, and with respect to participating in any other related activities, classes, programs, instructions or events, including risks of damage to or theft or loss of personal property and risks of physical injury, illness or death (together, the " Risks");
- (e) **I willingly and voluntarily assume any and all Risks;**
- (f) **I voluntarily waive any rights** I have now or may have against Omada Teambuilding and TWU, or any of their respective officers, directors, members of Board of Governors, servants, agents, volunteers and/or employees (together the " Releasees") **and release and discharge all of the Releasees** from and against any claims, suits, proceedings, demands, actions, causes of action, expenses, liabilities or obligations that I have now or may have in the future in caused by, related to, arising out of or connected in any way with the Risks, the Services, my participation in any other related activities, classes, programs, instructions or events (together, " Claims"), **including any Claims caused or contributed to by the negligence, breach of statutory duty (including without limitation under the Occupier' s Liability Act), other breach of duty or wrongful act or omission of any of the Releasees;** and
- (g) I agree to indemnify and hold harmless all of the Releasees from any and against all Claims that I or any other person may bring against any of the Releasees in relation to any matter or thing that is waived or released herein.

I am signing this agreement and entering into the agreements herein on behalf of myself and my heirs, next of kin, executors, administrators, assigns and representatives. If I am younger than 19 years of age, I will not commence using the or participating in any related activities, classes, programs, instructions or events unless and until my parent/legal guardian has signed this waiver and release form.

I further expressly agree that the foregoing release, waiver, assumption of risk and indemnity agreement is intended to be as broad and inclusive as permitted by the law in the province of British Columbia and that if any provision or portion thereof is or is held to be void, invalid or unenforceable, I agree that all remaining provisions shall, notwithstanding, continue in full legal force and effect.

Any dispute or litigation arising out of, or related in any way to, the Risks or Claims shall be brought only within the Province of British Columbia and shall be within exclusive jurisdiction of the Courts of the Province of British Columbia.

I CONFIRM THAT I HAVE READ AND UNDERSTOOD THIS AGREEMENT PRIOR TO SIGNING IT, AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS

Participant Signature:	Parent Signature:
Participant Name:	Parent Name:
Date:	Witness Signature:
<input type="checkbox"/> Check here if you DO NOT give permission to TWU or OMADA to use your photo for marketing purposes.	Witness Name: