PARENT/GUARDIAN CONSENT & ACKNOWLEDGEMENT OF RISK FORM

Please Read Carefully

A. Information

Minors Name: _____________________________________________

My child will be given the opportunity to participate in a guided hike to the Mt Stephen Trilobite Beds and/or the Walcott Quarry under the supervision of a hiking guide with the appropriate certifications from either the Interpretive Guides Association (IGA) or the Association of Canadian Mountain Guides (ACMG).

The Guide will make every reasonable effort to ascertain that:

a) The minors who undertake the hike will be adequately supervised.
b) Any equipment made available has been inspected and is deemed to be appropriate, safe and well maintained.

Potential hazards may include, but are not limited to:

- Extreme weather/hypothermia/hyperthermia
- Athletic Injuries (sprains & strains)
- Trips, falls, collisions (including cuts, head & spinal injury)
- Fall from height / impact with ground
- Lost participant
- Toxic flora
- Inhalation of smoke due to wildfires
- Asthma attack
- Falling Trees
- Equipment failure
- Lightning strikes / other burns
- Allergic reactions
- Cold related injuries
- Rock Fall
- Wildlife encounter
- Altitude related illness
- Heat related illness
- Slope failure

Medical Assistance, aside from first aid may not be readily available
B. Parent/Guardian Consent and Acknowledgement of Risk

1) I am satisfied that I have been informed of my right to obtain as much information about this activity as I feel necessary, including information beyond that information provided to me by the Burgess Shale Geoscience Foundation to the extent that I require and am not, in any way, relying solely upon information provided by the Burgess Shale Geoscience Foundation respecting the nature and extent of the risks and hazards associated with the activity.

2) I freely and voluntarily assume the risks and hazards inherent to the activity and understand and acknowledge that my child, as a participant, may suffer personal and potentially serious injury or death due to an accidental event.

3) My child has been informed that he/she is to abide by the rules and regulations including directions and instructions from both the Burgess Shale Geoscience Foundation and Parks Canada imposed on minors while participating in the activity. This shall include his/her participation in the pre-hike safety briefing.

4) In the event that my child fails to abide by the rules and regulations imposed on the participants while participating in the activity, disciplinary action may require that he/she not participate in the activity.

5) I acknowledge that it is my responsibility to advise the Burgess Shale Geoscience Foundation of any medical or health concerns of my child which may affect his/her participation in the activity.

6) I understand that there is no provision for accidental death, dismemberment, disability or medical expense insurance on behalf of my child or other participants in this activity.

7) I consent that the guide may secure such medical advice and services as that individual, in his/her sole discretion, may deem necessary for my child's health and safety, and that I shall be financially responsible for such advice and services.

8) Based on my understanding, acknowledgement and consents as described herein, I agree that ______________________________ (name of minor) has my permission to participate in this activity under the supervision of the guide.

Name: ___________________________________      Signature: __________________________
         Parent/Guardian (Please Print)               Parent/Guardian

Date: _________________________________________

Name: ___________________________________      Signature: __________________________
         Minor (Please Print)                  Minor