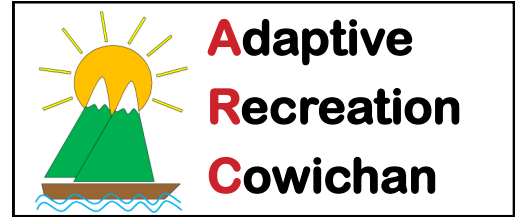




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# RECREATION REGISTRATION FORM

## Participant Information:

Name of Participant: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Do you have a disability? \_\_\_\_ If yes, what is the nature of your disability?

Specific requirements necessary based on the nature of your disability:

## Primary Contact\* Information:

Who would you like us to contact with regards to recreation activities (e.g. bookings, cancellations, special announcements)?

Participant:

Other contact (e.g. caregiver or guardian)

Please fill in the following information if the person you would like us to contact is someone other than the participant themselves:

Name of primary contact\* (e.g. caregiver or guardian) if applicable:

Relationship to participant: \_\_\_\_\_

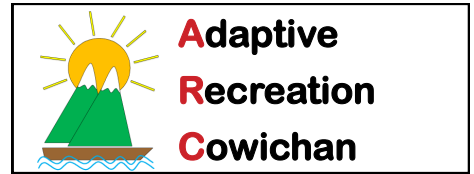
Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-mail address: \_\_\_\_\_

\* Please note that your primary contact is different from an emergency contact



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**WAIVER OF LIABILITY**

Please read and sign the waiver of liability below. You require a witness to also sign the waiver.

**DISCLAIMER CLAUSE:**

The Cowichan Valley Independent Living Resource Center Society, herein after referred to as the "Society" is not responsible for any loss, damage, injury or death suffered by any person from any cause whatsoever, including without limitation the negligence of the Society and their respective servants, agents or employees.

**AGREEMENT:**

In consideration of the Society accepting this application, I, the undersigned, for myself, my heirs, executors, administrators and assigns release the Society, its respective servants, agents, or employees from any claims, demands, damages, actions or causes of actions arising out of or in consequence of any loss, injury or damage to my person or property incurred while attending at or participating in any activity of the Society, its respective servants, agents or employees. Without limiting the generality of the foregoing, I further release any resources which I may now or hereafter have resulting from any decision of the Society. I confirm that I have read and understood the waiver of liability and being of sound mind and of legal age, I hereby acknowledge my acceptance of the above DISCLAIMER CLAUSE by my signing below. **Parent or guardian MUST sign for minors.**

**INDEMNIFICATION:**

In consideration of the Society accepting this application, I , \_\_\_\_\_ parent/guardian of \_\_\_\_\_, (applicant) agree to indemnify the Society, its respective servants, agents or employees from any claims of demands that might be made against the Society arising out of or in consequence of any event or activity sanctioned by the Society. **If under the age of 19, indemnification MUST be signed by parent or guardian.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

**ASSUMPTION OF RISKS:**

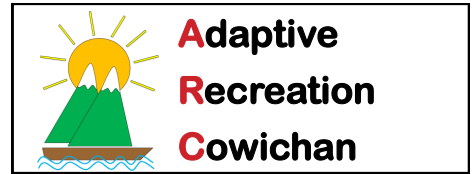
**I am aware that there is potential risk for personal injury involved in the participation in any physical activity.** I freely accept and fully assume all such risks, dangers and hazards, including but not limited to: **bumps, bruises, cuts, abrasions, concussion, infections, broken bones, hypothermia, sun stroke, drowning** and the possibility of personal injury, death, property loss, resulting from my participation in Adaptive Recreation Cowichan program activities. I am also aware that I should discuss my participation in this activity to determine the effect on my current health.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_



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**RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT:**  
 In consideration of the approval to participate in Cowichan Valley Independent Living Resource Center Society's activity, **I hereby agree as follows:**

_____ Initial	<b>TO WAIVE ANY AND ALL CLAIMS</b> that I have or may in the future have against Cowichan Valley Independent Living Resource Center Society, its directors, officers, employees, representatives, volunteers, other participants and partner organizations.
------------------	---

_____ Initial	<b>TO RELEASE THE RELEASEES</b> from any and all liability for loss, damage, injury or expense that I suffer, or that my next of kin may suffer as a result of my participation in the adaptive recreation activity due to any cause whatsoever, <b>INCLUDING NEGLIGENCE, BREACH OF CONTRACT OR BREACH OF ANY STATUTORY OR OTHER DUTY CARE.</b> I acknowledge my responsibility to ensure adequate medical, personal health, dental and accident insurance, coverage as well as protection of my personal possessions.
------------------	--

_____ Initial	<b>TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES</b> from any and all liability for any damage to property of, or personal injury to, any third party resulting from my participation in this adaptive recreation activity.
------------------	--

_____ Initial	This 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.
------------------	--

_____ Initial	In entering into the Agreement, I am not relying upon any oral or written representations or statements made by the Releasees other than what is set forth in this Agreement.
------------------	---

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

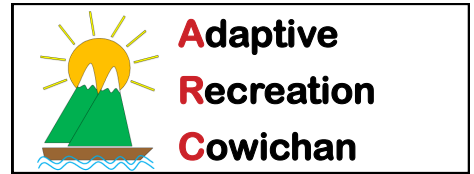
PARTICIPANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
 WITNESS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
 PARENT/GUARDIAN \* : \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

\*If Participant is under 19 years of age or if parent or guardian has legal comitteeship.

**IF YOU ARE SIGNING FOR SOMEONE 19 YEARS OF AGE OR OLDER, DO YOU HAVE LEGAL COMMITTEESHIP OR A REPRESENTATION AGREEMENT IN PLACE?**  
 \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Initials



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## RECREATION PROGRAM MEDICAL INFO & RELEASE

In the case of an unforeseen medical emergency, Cowichan Valley Independent Living Resource Centre Society needs the authority to proceed as the situation dictates. This might take the form of a call to your family doctor or a visit to the nearest medical facility. **Carefully fill out the following medical information\*\* ensuring that it is current and accurate. Print legibly please.**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

BC Care Card Personal Health Number: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone Number: \_\_\_\_\_

MEDICATIONS (Please indicate time for medications)\*\*:

\_\_\_\_\_

\_\_\_\_\_

ALLERGIES\*\*:

\_\_\_\_\_

\_\_\_\_\_

FIRST AID OR PERSONAL CARE INSTRUCTIONS\*\*:

\_\_\_\_\_

\_\_\_\_\_

ADDITIONAL DISABILITY/MEDICAL/HEALTH CONCERNS (Please describe)\*\*:

\_\_\_\_\_

\_\_\_\_\_

**\*\* PLEASE NOTE:** Medical information provided will serve as a reference for emergency purposes only; it will be passed on to health care professionals in the case of such an event. Recreation Staff members are not able to administer or store personal medications, nor are they able to engage in personal care. Additionally, it is the responsibility of participants and/or their caregivers/guardians to ensure that all medications are taken appropriately and as necessary.

### IN CASE OF EMERGENCY PLEASE NOTIFY:

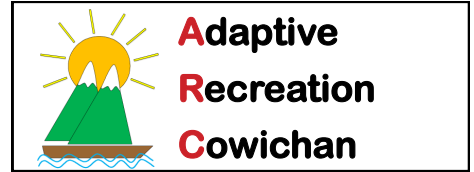
Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_



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## MEDICAL RELEASE

I grant permission to the Cowichan Valley Independent Living Resource Centre Society, and/or their designates to proceed in any manner they deem necessary in the case of a medical emergency involving myself or my child/ward. I am releasing the right for this information to be shared with volunteers, recreation staff, and/or medical staff who are in contact or responsible for me or my child/ward's participation in the program.

PARTICIPANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

WITNESS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN \* : \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

\*If Participant is under 19 years of age or if parent or guardian has legal committeeship or a representation agreement.

**IF YOU ARE SIGNING FOR SOMEONE 19 YEARS OF AGE OR OLDER, DO YOU HAVE LEGAL COMMITTEESHIP OR A REPRESENTATION AGREEMENT IN PLACE?**

\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Initials

## PHOTOGRAPH RELEASE

Cowichan Independent Living staff often take photographs and/or videos of participants and volunteers while programs are operating. *These pictures may be used for promotional talks, training, signage, public education and promotion.*

In consideration of the Society accepting this application, I \_\_\_\_\_, or the parent/guardian of \_\_\_\_\_ (applicant), give my consent to have my name and/or image stored and reproduced by the Society for Society promotional and information purposes. Reproduction consent includes release for use in newsprint and newsmagazine articles, newsletters, and submissions to third parties.

PARTICIPANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

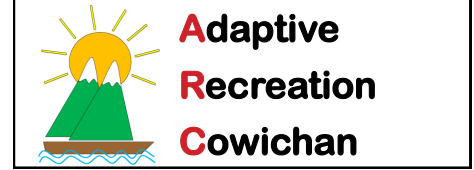
WITNESS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN \* : \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

\*If Participant is under 19 years of age or if parent or guardian has legal committeeship or a representation agreement.



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## POLICY

The following policies apply to the Adaptive Recreation Program of Cowichan Independent Living. These policies have been developed to insure the highest possible standards for our clients and program.

### **Registration:**

- In order to participate in Adaptive Recreation Cowichan programs, participants must hold valid Cowichan Independent Living (CIL) memberships. *This includes filling out a CIL membership application and paying an annual \$35 fee .*
- All participants of Adaptive Recreation Cowichan are required to fill out an application form, indemnification and release, and medical information form.
- Registration with the Recreation Program may be terminated at any time if a participant fails to comply with Recreation Program policies.
- Staff will carry a basic First Aid kit at all Recreation Activities; however, participants (and/or caregivers or guardians) are responsible for carrying and administering any personal medications, epi-pens or inhalers.

### **Behaviour:**

- Participants who require personal care and/or supervision **MUST** attend program activities with a caregiver or guardian. This may be determined by staff discretion.
- Participants are required to conduct themselves in a respectful manner at all times; profanity, verbal abuse, threats and lewd comments or actions towards staff and other participants will not be tolerated

### **Transportation:**

- Participants must provide transportation for themselves

### **Sailing:**

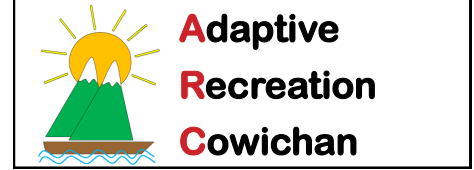
#### *Booking and Payment:*

- Sailing sessions are \$15 each and can be paid in advance or on the day of the sail.
- **\*\*Sailors who are economically disadvantaged can request a reduction in program fees. Each case will be handled individually, in the strictest of confidence.**
- A participant may be booked for a maximum of two (2) sailing sessions at one time; upon the completion of one or all sessions, participation may book a new session (or sessions) with recreation staff .
- Only a registered Adaptive Recreation Cowichan participant can book a sailing session

**If you require financial assistance with your registration and or sailing fee's, please contact the Recreation Director to have these fee's waived.    ray@cvilrc.bc.ca    (or contact CIL at 250-746-3930 and leave a message for Ray)**



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#### **Sessions:**

- Sails are booked in 2 hour sessions. This duration includes any time a participant may require to load and unload from the boat.
- Sailing sessions will be cancelled when winds exceed, or are expected to exceed 20 knots, or at any threat of electrical storms.
- Sailing sessions will not be cancelled due to rain unless an agreement is made between staff and participants.
- *Participants must cancel a session at least 24 hours in advance or forfeit their sailing fees (unless the reason is due to a medical emergency). No future sessions will be permitted until the outstanding debt is paid in full.*
- Sailors may be permitted to sail independently under the discretion of the sailing instructor.

#### **Safety:**

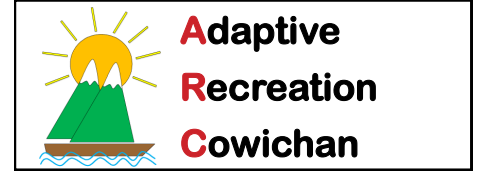
- Participants must use a wheelchair on the dock and/or a Hoyer Lift sling when requested by Recreation Staff.
- Participants must sail within the boundaries set by Recreation Staff
- Participants may not leave the dock without Recreation Staff permission.
- Participants must return to the dock when requested by Recreation Staff, and not earlier or later.
- A government approved Personal Floatation Device (PFD) will be supplied by Cowichan Independent Living and worn at all times by anyone on board vessels owned or operated by Cowichan Independent Living Resource Centre Society
- All other safety equipment used will be used in accordance with the manufacturer's guidelines and the rules and regulations prescribed by the government agencies regulating the waters.
- Participants who require personal care, behavioural supervision, or physical assistance must be accompanied by a caregiver or guardian who will ride in the safety boat.
- Participants are not permitted to swim at *any* time when attending recreation activities
- Participants may not leave their seats at anytime during a sailing session.

#### **Rentals:**

- Sailing and or any other recreational equipment may be rented at the discretion of Cowichan Independent Living's Recreation Director
- Any damage or loss of equipment will be the responsibility of the renter and must be compensated fully.
- Sailors are responsible for their own safety when using equipment on a rental basis.



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## **POLICY AGREEMENT**

I \_\_\_\_\_ have read and understood the above policies and agree to comply with them for the duration of my participation with Adaptive Recreation Cowichan.

PARTICIPANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

WITNESS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN \* : \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

\*If Participant is under 19 years of age or if parent or guardian has legal committeeship or a representation agreement.