



IT'S TIME TO GO OUTSIDE!

WHAT DO YOU NEED TO KNOW?

It's time for Winter Wonder 2016-2017

wildsight

On _____ (date), your child's class and **teacher** _____ (name) of _____ (school) will join a Wildsight educator in a winter adventure to learn about the natural world. Winter Wonder is a special winter ecology field trip program for children in Kindergarten through grade 3.

The program teaches students about nature in ways they'll remember: with fun, hands-on activities. They explore the special adaptations of animals and plants to cope with the snowy season, and examine snow crystals. This all takes place within the schoolyard or within a short walk from the school. All trips are hosted by Wildsight's professional educators – teachers, biologists and ecologists – who have many years experience and training. Kids love Winter Wonder! They get to play games and enjoy healthy active living and exciting, real world learning.

FIELD TRIP CHECKLIST

Please help prepare your child for a whole day outside. Remember, fall weather can be very changeable. We recommend:

- ✓ **snow pants**
- ✓ **water resistant snow mitts**
- ✓ **warm winter coat**
- ✓ **warm hat**
- ✓ **warm winter boots**

SIGN AND RETURN – WAIVER BELOW

In order for your child to be allowed to go on a Classroom with Outdoors field trip, parents or guardians must sign and return the waiver on the bottom of this form. Thank you for your cooperation.

FOR MORE INFO: WWW.WILDSIGHT.CA

Please review and sign the waiver below (required) and the optional photo release

Note: Wildsight is obliged to obtain signed waiver forms for all children taking part in Wildsight activities. The Winter Wonder field trip for your child will take place in a natural area a short walk or within the schoolyard. The risks of the trip are the same as for any walk outdoors in winter.

WAIVER OF ALL CLAIMS, RELEASE OF LIABILITY and ASSUMPTION OF RISKS

WARNING: By signing this, you also give up the right to sue for any injury or damages

Wildsight means the regional society and its five branches, Creston Valley, Elk Valley, Golden, Invermere and Kimberley/Cranbrook, and its officers, directors, members, employees, contractors, agents and any person acting on their behalf.

In consideration of Wildsight accepting the application for my child to be permitted to take part in a Wildsight Classroom with Outdoors field trip, I agree to this release from liability, waiver of all claims and agreement not to sue. In addition, I also agree to assume the dangers and risks of activities in a field trip setting. I also agree for myself, my heirs, my executors, administrators and assignees to forever discharge and release Wildsight for any personal injury, death, property damage or loss sustained by me as a result of my child's participation in the Wildsight activity due to any cause whatsoever, including, without limitation, negligence on the part of Wildsight.

I am aware that in addition to the usual dangers and risks inherent in field trip activities, certain additional dangers and risks are possible, some of which include:

1. **TERRAIN** – viewing and hiking areas may have hidden obstacles and hazards including but not limited to fallen trees, lakes, creeks or other water bodies, rocks and boulders, uneven ground, holes and depressions, and varying and difficult conditions;

2. **WEATHER** – weather conditions may be extreme and can change rapidly without warning;

3. **WILDLIFE** – there is always the possibility of an encounter with domestic or wild animals, biting insects, or hazardous plants.

I further acknowledge and agree that I am to supply for my child such footgear, outerwear, nourishment, water, medications, medical and such other supplies as I may deem fit, taking into account varying weather conditions and terrain that may be encountered on such an activity.

I accept all the dangers and risks and the possibility of personal injury, death, property damage or loss resulting while my child is participating in a Wildsight activity. I agree not to sue Wildsight on account of any circumstance whatsoever arising from my child's participation in the Classroom With Outdoors field trip. In signing this waiver as the guardian of a minor, I agree to indemnify and hold harmless Wildsight from and against all costs, claims and liabilities of any nature and kind whatsoever arising from the participation of such minor in any activity of Wildsight. In entering into this agreement I am not relying on any oral, written or visual representation or statements made by Wildsight including those in its advertising or brochures, to induce me to go on the Wildsight activity.

Trip Location: _____ School: _____ Date: _____

Using ink, provide your child's name, your name, an emergency telephone number, your signature and the signature of a witness.

Name of Child	Name of Parent or Guardian (Printed)	Emergency Phone Number	Signature of Parent or Guardian	Witness Signature

Please turn page over and sign the back of this form



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CONSENT FORM FOR PHOTOGRAPHS, VIDEO AND AUDIO RECORDINGS

Your child is participating in an event offered or co-sponsored by Wildsight (the “Event”). During the event, photographs will be taken and possibly audio and video recordings will be made (all of which are referred to in this Consent Form as the “Images”).

The Event is: Winter Wonder 2016/2017

To be delivered for the kids of _____ (school), for the students of _____ (class).

Wildsight may use the Images in activities or events or promotional materials. Typical uses might include publishing pictures in our annual report, distributing them to media outlets that are preparing stories on the activity or the region or the work of Wildsight, displaying them in our offices or at events being hosted by Wildsight.

Images may contain your child’s recognizable image, so the purpose of this form is to notify you of this possibility and seek your permission to use any Images of your child in publications or promotional material produced by Wildsight, in distributions to media (including the internet), in displays produced by Wildsight and during Wildsight events and activities. Images may also appear in videos or advertisements produced by Wildsight. If you agree, please sign the following consent:

CONSENT

I understand that Images of my child may be taken or recorded during the Event. I understand that the Images may be circulated widely if published on Wildsight’s website or other related websites, and that the Images will be available to the public both inside and outside Canada.

I consent to Wildsight or its authorized representatives taking or recording Images of my child for all of the purposes stated above.

I consent to Wildsight using, reproducing, publishing, broadcasting or displaying Images containing my child’s image and voice for all of the purposes stated above.

Printed Name of Parent or legal Guardian

Name of Child

Signature of Parent or legal Guardian

Date