



# IT'S TIME TO GO OUTSIDE!

## WHAT DO YOU NEED TO KNOW?

It's time for Classroom with Outdoors 2017-2018

On \_\_\_\_\_ (date), your child's class and **teacher** \_\_\_\_\_ (name) of \_\_\_\_\_ (school) will join a Wildsight educator on a Classroom with Outdoors learning adventure – right in their own backyard!

Classroom with Outdoors takes students to thriving ecosystems close to home. Wildsight's professional educators – teachers, biologists, ecologists – lead students in fun, hands-on activities to teach them about nature in ways they'll remember. Students visit one of four special ecosystems – wetland, forest, grassland, or old-growth forest – and learn about the wonders of nature through games, exploring, and healthy, active living.

### FIELD TRIP CHECKLIST

Please help prepare your child for a whole day outside. Remember, our weather can change suddenly! We recommend:

- ☐ Sturdy outside shoes or boots (not sandals)
- ☐ Rain-proof jacket — and rain-proof pants, if you have them
- ☐ A warm sweater
- ☐ A sun hat – and be sure to wear sunscreen in the morning
- ☐ Gloves or light mittens, if the day is chilly
- ☐ A good picnic lunch and snack, as litter-free as possible – garbage must be taken home
- ☐ Water

### WILDSIGHT WAIVER – PLEASE SIGN, AND RETURN

In addition to any permission forms required by your child's school, Wildsight itself requires the written consent of a parent or guardian for each student participating in a Classroom with Outdoors field trip.

Wildsight's educators are experienced and trained in leading field trips, and all have valid first aid certification. Classroom with Outdoors field trips take place just a short walk or bus ride from your child's school, and the risks are the same as for a walk outdoors – things like uneven ground on trails, changing weather, or bug bites.

The waiver below formally outlines these risks. By signing the waiver, you acknowledge that you are aware of and accept these risks, agree to prepare your child accordingly, and grant them permission to participate in the field trip.

---

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

WARNING: By signing this form, 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:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Using ink, provide your child's name, your name, an emergency telephone number, your signature and the date you signed.

Name of Child	Name of Parent or Guardian (Printed)	EmergencyPhone Number	Signature of Parent or Guardian	Signature of witness	Date signed

**Please turn page over and sign the back of this form**



# IT'S TIME TO GO OUTSIDE!

WHAT DO YOU NEED TO KNOW?

It's time for Classroom with Outdoors 2017-2018

## 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: Classroom with Outdoors 2017/2018

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

Please turn page over and sign the back of this form