

BURNABY SD REGISTRATION PACKAGE

Tour Name: Sun Peaks Ski Trip

Tour Date: February 14-16, 2018

To Parents and Guardians:

The purpose of this handout is to inform you about the proposed field trip involving your child.

This is an important document. Please review the contents carefully prior to providing permission for your child to participate in this excursion.

Forms that MUST BE Completed: before January 12, 2018

- Registration Form/Medical Information
- Attached Waiver forms

Description of Trip: Travel with a friendly tour guide the scenic Coquihalla Highway by bus to Sun Peaks village, and enjoy 2 full days of skiing or snowboarding on Sun peaks slopes.

Package includes:

- 2 night's accommodation in Sun Peaks village based on quadruple occupancy (for students) in a room with two queen beds
- Experienced, friendly and fun tour guide and assistant guide (per bus)
- Deluxe coach transportation
- Meals as indicated (2 breakfasts, and 1 pizza dinner)
- 2-day lift ticket with lessons and rentals (each lesson day will consist of 6.5 hours)
- Commentary, prizes and entertainment
- All gratuities and taxes

PRICE: \$700.00 tax included (Cash price; 3.5% credit card fee applies)

Options to add on (student pricing):

- Ice skating (including hockey stick rental) - \$10

CANCELLATION POLICY: Full cancellation reimbursement 31 days before departure, 100% penalty if cancelled within that timeframe.

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ROLE OF DISCOVER CANADA TOURS

We help schools plan and organize their trips from start to finish. DCT also provides 1-2 trained guides per bus to look after the details of running the trip.

If you have any questions/concerns, please contact Discover Canada Tours: (604) 689-8128.

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BOARD OF EDUCATION
BURNABY
SCHOOL DISTRICT 41

IMPORTANT INFORMATION
PLEASE HAVE THIS TRANSLATED

RENSEIGNEMENTS IMPORTANTS
Prière de les faire traduire.

重要資料
請找人為你翻譯

これはたいせつなお知らせです。
どなたかに日本語に訳してもらってください。

알려드립니다
이것을 번역해 주십시오

CHỈ DẪN QUAN TRỌNG
Xin nhờ người dịch hộ

ਜ਼ਰੂਰੀ ਜਾਣਕਾਰੀ
ਕਿਰਪਾ ਕਰਕੇ ਕਿਸੇ ਕੋਲੋਂ ਇਸ ਦਾ ਉਲੰਕਾ ਕਰਵਾਓ।

INFORMACIÓN IMPORTANTE
Busque alguien que le traduzca.

اطلاعات مهم و سودمند
لطفاً از یک نفر بخواهید که برای شما ترجمه کند

ITO AY MAHALAGANG IMPORMASYON
Isalin sa wikang tagalog kung hindi maintindihan

برجی ترجمه هذا
معلومات هامة

ВАЗНАЯ ИНФОРМАЦИЯ
Переведите это, пожалуйста.

CONSENT OF PARENT AND ACKNOWLEDGEMENT OF RISK FORM B (Higher Care Trip) (Consent 2)

OFF-SITE EXPERIENCE EMERGENCY MEDICAL INFORMATION (Write below or attach a separate page if more space is needed)

Student Name: _____ Birth Date: _____

BC Medical Services Plan Personal Health No.: _____ Student Accident Insurance yes no

Allergies (e.g., specific drugs, certain foods, insect stings, hay fever) Specify _____

Reaction(s) to above? _____

Carries Epi pen? yes no Carries Ana Kit? yes no

Medical/physical conditions that may affect participation in the stated program/activity (e.g. recent illness or injury, recent hospitalization or surgery, chronic conditions, phobias, etc.) Be specific: _____

Specify the condition(s) and requirements for program modification or specific activities your child should not participate in: _____

Medication(s) taken at this time (name, reason, dosage, storage, potential side effects/treatment of such): _____

Other Health/Medical/Dietary Concerns: _____

Emergency Contacts: (Homestay/Local Custodian)

1) _____ Phone: _____ Work: _____ Cell: _____

2) _____ Phone: _____ Work: _____ Cell: _____

Name of Physician _____ Phone: _____

LEGAL PARENT is filling out and signing this form (NOT HOMESTAY NOR CUSTODIAN):

Name (please print) _____ Signature _____

PLEASE HAND THIS FORM TO YOUR LIAISON

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RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS, INDEMNITY AGREEMENT AND JURISDICTION.

BY SIGNING THIS DOCUMENT, YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE

PLEASE READ CAREFULLY!

INITIAL

TO: SUN PEAKS RESORT LLP and their directors, officers, employees, instructors, guides, agents, independent contractors, subcontractors, representatives, equipment manufacturers, equipment distributors, successors and assigns, (all of whom are hereinafter collectively referred to as "THE RELEASEES").

RENTAL AGREEMENT

- 1. I accept full responsibility for the care of the rental equipment (the "Equipment") listed on this form and I agree to pay for any damage to the Equipment and replace at full retail value any Equipment not returned by the agreed date.
2. I am familiar with the proper use of the Equipment. I understand that the rental technicians are able to answer questions I may have as to the proper use of the Equipment.
3. [DOWNHILL SKI EQUIPMENT ONLY] I have made no misrepresentation in regard to my height, weight, age or skier type. (This information is required in order to properly adjust the ski boot/binding settings). I agree to verify that the settings appearing in the visual indicator windows on the bindings correspond with the settings to be recorded on this form.

ASSUMPTION OF RISKS

I am aware that skiing, snowboarding and snowshoeing involve risks, dangers and hazards and that injuries are a common and ordinary occurrence of these sports.

SKIING I understand that the ski boot/binding system may not release during every fall or may release unexpectedly. The ski boot/binding system is no guarantee that the user will not be injured.

SNOWBOARDING I understand that the boot/binding system is not designed or intended to release and will not release under normal circumstances. I understand that as the boot/binding system is a non-release system, this system will not reduce

USE OF A HELMET IS STRONGLY RECOMMENDED WHILE SKIING OR SNOWBOARDING

I understand that a helmet designed for RECREATIONAL SNOW SPORTS use may reduce the risk of some types of injuries to the user at slower speeds. I recognize that serious injury or death can result from both low and high energy impacts, even when a helmet is worn.

I FREELY ACCEPT AND FULLY ASSUME ALL RISKS, DANGERS AND HAZARDS ASSOCIATED WITH THE USE OF THE EQUIPMENT.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

In consideration of the rental of the Equipment, I hereby agree as follows:

1. I AGREE TO WAIVE ANY AND ALL CLAIMS that I have or may in the future have against the Releasees and TO RELEASE THE RELEASEES from any and all liability for any damage, expense or injury including death that I may suffer, or that my next of kin may suffer, resulting from or arising out of any aspect of my use of the Equipment, DUE TO ANY CAUSE WHATSOEVER, INCLUDING NEGLIGENCE, BREACH OF CONTRACT OR BREACH OF STATUTORY DUTY OF CARE, INCLUDING ANY DUTY OWED UNDER THE OCCUPIERS LIABILITY ACT, R.S.B.C. 1996, c.337, in respect of the design, manufacture, installation, maintenance, selection or adjustment of the Equipment or in respect of the provision of or the failure to provide any warnings, directions or instructions as to the use of the Equipment or the risks, dangers and hazards of skiing, snowboarding and snowshoeing.

- 2. TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES from any and all liability for any damage to property of or personal injury to any third party, resulting from my use of the Equipment;
3. This Release 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;
4. This Release Agreement and any rights, duties and obligations as between the parties to this Release Agreement shall be governed by and interpreted solely in accordance with the laws of the Province of British Columbia and no other jurisdiction; and
5. Any litigation involving the parties to this Release Agreement shall be brought solely within the Province of British Columbia and shall be within the exclusive jurisdiction of the Courts of the Province of British Columbia.

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

X _____
STUDENTS NAME

X _____
DATE

X _____
SIGNATURE OF PARENT/GUARDIAN

X _____
SIGNATURE OF WITNESS

X _____
PRINT NAME OF PARENT/GUARDIAN

X _____
PRINT NAME OF WITNESS

THIS AGREEMENT MUST BE SIGNED, DATED AND WITNESSED BY US PRIOR TO RENTING FROM US

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CONSENT TO PARTICIPATE IN ACTIVITY(IES) AND ACKNOWLEDGMENT OF RISK FORM

To the Parent(s) of: _____ Grade _____ School _____

Please read the contents of this Consent To Participate In Activity(ies) And Acknowledgement Of Risk Form. If you have any questions or concerns, please contact the District's International Education Office before signing this form. If this form is not signed and returned to the school by the activity's registration deadline, your child **WILL NOT BE ALLOWED TO ATTEND** the activity(ies) listed below.

PROGRAM/ACTIVITY INFORMATION

DESTINATION/ACTIVITY: SUN PEAKS on FEBRUARY 14-16, 2018: activities include ski or snowboard lesson.
PURPOSE OR EDUCATIONAL GOAL(S): Cultural activities for international students and/or entertainment

METHOD OF TRANSPORTATION: School District contracted bus or public transportation

SUPERVISION: School District approved supervisor

TOTAL NO. OF SUPERVISORS PLANNED: 1 adult to 15 students for general activities, 1 adult to 8 students for Ski or Snowboard lesson

COST TO THE STUDENT: \$700 = 2 day ticket + rentals & lessons (required for all skiers/snowboarders); \$10 for ice skating.

BOARD RESPONSIBILITIES

The Board of Education will make every reasonable effort to ensure or ascertain that:

- The staff, volunteers and/or service providers involved are suitably trained and qualified.
- The students are adequately supervised over all aspects of the program/activity.
- The location(s) used are appropriate and safe for the activity(ies) and group.
- Equipment used has been inspected and deemed appropriate and safe.
- A Safety Plan is in place to identify and manage known potential risks.
- An Emergency Plan is in place to deal with an injury or illness to any of the students.

POTENTIAL KNOWN RISKS

Potential known risks include the following (depending on activity):

Injury from skiing/snowboarding/Peak 2 Peak Gondola/slipping on ice/or getting lost

Additional Comments/Requirements:

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CONSENT AND ACKNOWLEDGEMENT OF RISK

Destination/Activity/Program as checked above:

1. I accept the mode of transportation for the activity(ies).
2. I acknowledge my right to obtain as much information as I require about this program or activity and associated risks and hazards, including information beyond that provided to me by the school or Board.
3. I freely and voluntarily assume the risks/hazards inherent in the program/activity(ies) and understand and acknowledge that my child may suffer personal and potentially serious injury arising from his/her participation.
4. My child has been informed that he/she is to abide by the rules and regulations, including directions and instructions from the school's and/or service provider's administrators, instructors, and supervisors over all phases of the program/activity(ies).
5. In the event that my child fails to abide by these rules and regulations, disciplinary action may require his/her exclusion from further participation, or that I be contacted to have him/her picked up, unless I have specified other transport arrangements and I will be responsible for costs associated.
6. I acknowledge that it is my duty to advise the Lead Supervisor of any medical and/or health concerns of my child that may affect his/her participation.
7. I acknowledge that the Board may choose to cancel the trip if travel conditions are deemed unsafe (e.g., weather, health advisory, security). I accept that the Board will not be liable for any costs associated with such a cancellation.
8. I acknowledge that the trip supervisors may secure transport to emergency medical services as they deem necessary for my child's immediate health and safety, and that I shall be financially responsible for such services.
9. Based on my understanding, acknowledgement, and consents as described herein:

Name of Student: _____ Date of Birth: _____ has my permission to participate in the activity(ies) as checked above.

Date: _____ Parent's Name (Please Print): _____

Parent's Signature: _____
(CANNOT BE SIGNED BY CUSTODIAN NOR HOMESTAY)

Parent's Contact Number(s): _____

Parent's Email: _____

Personal information contained on this form is collected under the authority of the School Act, for the purpose of participating in school activities. During this trip we will be taking photos/video of international students for promotional purposes. The students will not be identified in the photos/video. By signing this form you are allowing us to publish these photos/video, including on the internet. If you have any questions about this form, please contact the International Education Office.

International Student Program

E-mail: international@sd41.bc.ca

Telephone: 604-296-6903 Fax: 604-296-6914

PLEASE HAND THIS FORM YOUR LIAISON

(Sun Peaks trip Feb 2018)

Handwritten initials/signature