



# ACMG

Association of Canadian Mountain Guides  
Association canadienne des guides de montagne

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## PARENT/GUARDIAN CONSENT & ACKNOWLEDGEMENT OF RISK FORM

Please Read Carefully

### A. Information

**Minors Name:** \_\_\_\_\_

My child will be given the opportunity to participate in the following program or activity under the supervision of an ACMG member with the appropriate certification for the activity named below.

<i>To be completed by parent/guardian or custodial organization</i>
<b>Activity:</b>
<b>Dates:</b>
<b>Location:</b>
<b>Lead Guide/Instructor In Charge:</b>
<b>Other Supervisory Assistance:</b>
<b>Other Information (equipment, costs, etc.)</b>

**The Lead Guide/Instructor will make every reasonable effort to ascertain that:**

- The minors who undertake the program or activities will be adequately supervised.
- The location and/or facilities meet the applicable health and safety standards.
- Any equipment made available or used in the activity has been inspected and is deemed to be appropriate, safe and well maintained.
- The location where the activity will take place is appropriate for the recreational and educational objectives as intended.

**Potential hazards may include, but are not limited to:**

- |   |                                  |
|---|----------------------------------|
| Extreme weather/hypothermia/hyperthermia                        | Avalanches                       |
| Athletic injuries (sprains & strains)                           | Equipment failure                |
| Trips, falls, collisions (including cuts, head & spinal injury) | Lightning strikes / other burns  |
| Fall from height/Impact with ground, rock, ice, wall            | Allergic reactions               |
| Rock and/or ice and/or cornice fall                             | Cold related injuries            |
| Driving accident  | River crossings / Drowning       |
| Wildlife encounter  | Lost participant                 |
| Toxic flora, fauna or harmful pathogens                         | Food/Water Loss or Contamination |
|   | Crevasses                        |
|   | Tree wells                       |

**Medical assistance, aside from first aid, may not be readily available**

## B. Parent/Guardian Consent and Acknowledgement of Risk

1. Logistics *(to be completed by parent/guardian or custodial organization)*

Transportation: \_\_\_\_\_

Departure date: \_\_\_\_\_

Return date: \_\_\_\_\_

Accommodation: \_\_\_\_\_

2. I accept the mode of transportation for this activity as outlined above.
3. I am satisfied that I have been informed of my right to obtain as much information about this program, or activity as I feel necessary, including information beyond that information provided to me by the Lead Guide/Instructor to the extent that I require and am not, in any way, relying solely upon information provided by the Lead Guide/Instructor respecting the nature and extent of the risks and hazards associated with the program or activity.
4. I freely and voluntarily assume the risks and hazards inherent in the nature of the program or 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.
5. My child has been informed that he/she/they must abide by the rules and regulations including directions and instructions from the relevant land agency imposed on the minors while participating in the program or activities. This shall include his/her/their participation in all of the introductory sessions and the meeting of all prerequisites prior to his/her/their participation in the activity or program.
6. In the event that my child fails to abide by the rules and regulations imposed on the participants while participating in the program or activities, disciplinary action may either require that he/she/they not participate in the program or activity, or that I will be contacted to have him/her/they picked up, unless I have permitted my child to pursue alternate means of transportation, as appropriate.
7. I acknowledge that it is my responsibility to advise the Lead Guide/Instructor of any medical or health concerns of my child, which may affect his/her/their participation in the stated program or activity.
8. 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.
9. I consent that the Lead Guide/Instructor may secure such medical advice and services as that individual, in his/her/their sole discretion, may deem necessary for my child's health and safety, and that I shall be financially responsible for such advice and services.
10. Based on my understanding, acknowledgement and consents as described herein, I agree that \_\_\_\_\_ **(name of minor)** has my permission to participate in this program or activity under the supervision of the Lead Guide/Instructor.

Name: \_\_\_\_\_

**Parent/Guardian (Please print)**

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

**Parent/Guardian**

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

Name: \_\_\_\_\_

**Minor (Please print)**

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

**Minor**