



NOTE: START DATE IS DATE GUARDIAN SIGNS

2024 ANNUAL PARTICIPANT INFO & CONSENT FORM: START DATE _____ - MARCH 31, 2025

Last Name: _____ First: _____

Date of Birth: m/d/y: _____

Street address & postal code: _____

Home: _____ Cell: _____

Guardianship Circle one Self *Other
***Current Guardianship papers required for ALL participants.**
Please submit if there are changes OR if you have not done so.

Guardian Name: _____

Home: _____

Cell: _____

Guardian Mailing Address & postal code: _____

Email address: _____

CONSENTS – CHANGES TO CONSENTS MUST BE IN WRITING

Consent is required for Venturers staff to disclose information with anyone outside of our agency. We will disclose relevant information as required by law and PDD/CSS. **Please confirm your consent with the following.**

Residential Agency: _____ **Agency Contact name:** _____

Contact Ph no & Email: _____ **Initial consent here:** _____

Supportive Roommate Name(s): _____ **Initial consent here:** _____

Home: _____ **Cell:** _____

Email: _____

We will seek medical assistance as needed and notify emergency contact regarding medical incidents.

Emergency Contact: _____

Daytime Contact number(s): _____

Alternate Emergency Contact: _____

Daytime Contact number(s): _____

To share pictures and videos: Consent is given to use pictures and/or videos for educational, social media and/or agency brochure. **Initial consent here:** _____ **This is voluntary.**

For emergencies we keep a picture on each participant file for emergencies, example if they become lost.

MEDICAL INFO: COMPLETE AND ATTACH CURRENT PHARMACY INFO SHEET FOR MEDS

UPDATE us in writing of changes. Medical and Medication information is needed in case of emergency to give to paramedics/doctor OR if we notice changes (i.e. behavior, etc.)

POLICY 102: Staff DO NOT administer any medications/non-prescription meds/vitamins/herbal remedies, etc.)

List MEDICAL/HEALTH CONDITIONS OR ALLERGIES (food, environmental, medication, etc.) and for MEDICATION(S) please attach current pharmacy info sheet for detailed info.

DOCTOR: NAME/CLINIC/PH#: _____

We recommend that you follow your doctor’s advice about vaccinations, including Tetanus and Hepatitis.

Please notify us if participant has an “Advanced Care Plan” in place.

Form Completed by _____ **Reviewed by Guardian (yes/no. If not, why?)** _____

Guardian Signature _____ **Date Reviewed** _____

Please turn over to sign Waiver on reverse/2

**CERTIFICATION OF CONSENT AND AUTHORITY
RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISK AND INDEMNITY
AGREEMENT for the period of _____ – March 31, 2025.**

_____ (Participant) and _____ (Parent or Guardian, if applicable) hereby acknowledge that we are aware that The Venturers Society of Calgary provides risk-taking and potentially hazardous outdoor work and life-skills activities including, but not limited to: acreage/camp/park maintenance, woodworking, construction, gardening, swimming, skiing, hiking, cooking, social and recreational activities that involve physical activity and the possibility of injury resulting from such activity or associated transportation.

We acknowledge that it is the policy of The Venturers Society of Calgary to take all reasonable precautions with respect to such activities and to provide a safe environment.

As parent or guardian of the Participant/Applicant, I freely consent to all such risks and fully assume all responsibility for the possibility of personal injury, death, disability, property damage or loss resulting thereof, howsoever caused, with the sole exception being gross negligence on the part of The Venturers Society of Calgary, their members, agents, employees and directors.

I further waive any and all claims that the Participant/Applicant or I have or may have in the future, on my own behalf or on behalf of the Participant/Applicant, against The Venturers Society of Calgary, as a result of the participation of the Participant/Applicant at the programs of The Venturers Society of Calgary.

In consideration of The Venturers Society of Calgary allowing the Participant/Applicant to participate in programs, I further agree to release The Venturers Society of Calgary from any and all liability from any loss, damage, injury or expense the Participant/Applicant may suffer as a result of participation at The Venturers Society of Calgary.

I have been advised that The Venturers Society of Calgary operates under the direction, legislation, protocols, regulations, recommendations and guidelines inherent within the references including but not limited to: The Canadian Human Rights Act, The Alberta Human Rights Act, Human Rights, Citizenship and Multiculturalism Act, Protection for Persons in Care Act, Alberta Occupational Health & Safety Act, Regulations and Code, Workers' Compensation Act, Premier's Council on the Status of Persons with Developmental Disabilities Act, Persons with Developmental Disabilities Community Governance Act, Adult Guardianship and Trusteeship Act, and Creating Excellence Together (CET) standards.

This consent shall be effective and binding on me, the Participant/Applicant and the heirs, next of kin, executors and administrators of myself and the Participant/Applicant.

I HAVE READ AND UNDERSTOOD THIS CONSENT AND I AM AWARE THAT BY SIGNING IT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I, THE PARTICIPANT/APPLICANT AND OUR HEIRS, NEXT OF KIN, EXECUTORS OR ADMINISTRATORS MAY HAVE.

Executed this _____ day of _____, 20____, at _____ Alberta

Participant/Applicant

Parent or Guardian (if applicable)

Executive Director

Witness/Group Leader