

SUNIA WAIVERS WEEK B

So why all the forms?

It may seem like we have attacked you with an endless stream of waivers, but please let me explain! To participate in SUNIA, we require you to fill out **5** forms, our:

- **Expectations for Participation Agreement**
- **Wellness Statement**
- **General Waiver and Information/Permission form**
- **Plus we need your parent's signature on our paper registration form.**

I know that seems like a lot, but I'll quickly go over what each is for!

1) Our Expectations for Participation Agreement simply outlines our behavior expectations -- that you agree to behave respectfully and with common sense -- while out at SUNIA.

2) Our Wellness Statement is just a way for us to learn more about your health concerns and capabilities, so that we can ensure all of these concerns are well taken care of at SUNIA. ***If you have no major health concerns, no, you do not need to book an appointment to have your physician sign your form.*** Only if you have a major health concern should you have your physician fill out the physician section of the form and provide explanation. In either case, please have your parent fill out and sign the rest of the wellness statement.

3) Our Waiver is just a standard waiver which shows that you acknowledge the risks you face by attending SUNIA. Please have this signed and have your parent initial the activities in 2a that he/she gives consent for.

4) The Parent Information and Permission form provides more details about SUNIA for your parents, including where it is, what we do, and how to contact us. This form also tells us who we should contact in the case of an emergency. Please fill it out and send back the bottom half of the completed form.

5) If you submitted an online registration, we require your parent or guardian's signature on our paper registration form (since we can't include a box for that on the online form). If we're missing a signature, we've included a photocopy of our paper registration form, so please fill out your name, the date, and have your parent or guardian sign it and send it back to us.

Please send the forms to:

Spencer Payne, 5 Bocock Place, St. Alberta, Alberta, T8N 2K3

If you have any questions at all, please feel free to contact me by phone at (780) 217-1244 or e-mail at registrar@sunia.ca.

Thank you in advance for sending in your forms and I'm excited to see you in August!

Sincerely,

Spencer Payne
Registrar, SUNIA 2010

SUNIA PARENT/GUARDIAN INFORMATION AND PERMISSION FORM

Please retain this portion for your information.

A. Information:

The Seminar on the United Nations and International Affairs (hereinafter referred to as SUNIA) takes place from 6:00 p.m. August 22, 2010 to 1:00 p.m. August 27, 2010 at and around Goldeye Centre, Nordegg, Alberta. The centre can be reached by telephone at 403.721.2102. The minimum supervision ratios will be 1 counsellor per 8 participants.

Transportation between Goldeye Centre and Red Deer, Alberta as well as transportation around the Nordegg area to various activities will be in school buses provided by Prairie Bus Lines Ltd. Buses will leave from the Greyhound Bus Station at **4303 GAETZ AVENUE, Red Deer** at 5:00 PM on Sunday August 22nd and will return by 4:00 PM on August 27th at the same location. We ask that students arrive by **4:00 PM** on Sunday to ensure enough time to pack their luggage on the bus. In previous years we have had trouble with students packing excessively large bags. *As the buses cannot accommodate excessively large luggage, we ask each student to pack wisely.*

Activities will include recreational activities such as short hikes, supervised waterfront activities without a trained lifeguard, and large group games and competitions. All counselors have standard first aid training and first aid equipment is readily available during all activities. Supervision will be provided for all recreational activities and the equipment list in the student information package includes all items that students will require to participate safely in these activities. Other activities include lectures, simulations, and discussion groups as well as a mock United Nations Security Council.

Emergency medical attention is available at Frontier Lodge, 10 km. away and the nearest hospital is in Rocky Mountain House, 125 km. away. There is an ambulance dispatch in Nordegg, AB and also airlift service to the region.

If you have any questions or concerns, please contact Shaheen Hasham (Director) at (780)271-6171 or Sam Pearson (Director) at (780)243-1331.

B. Name of participant _____ has my permission to participate in SUNIA from August 15, 2010 to August 20, 2010 with the supervision ratios --Please cut here--

C. Permission: Please return this along with the signed waiver to the Registrar, Spencer Payne, by July 15, 2010.

Name of participant _____ has my permission to participate in SUNIA from August 22, 2010 to August 27, 2010 with the supervision ratios outlined above.

Contacts during activity:

During the duration of the activity, I may be reached at:

Address: _____

Phone: _____

Alternate Phone(s): _____

In the event of an emergency, if I cannot be reached, the following person is hereby authorized to act on my behalf and has been notified that he/she has been granted this authority and may be contacted by SUNIA:

Name: _____

Relationship to participant: _____

Address: _____

Phone: _____

Alternate Phone: _____

I have read and understood the information provided with this form. I understand that there is a degree of risk involved in some activities. After carefully considering all the risks involved, and having full confidence that reasonable precautions will be taken for the safety and well-being of my child/ward, I authorize my child/ward to participate in the activity as described above. I agree to provide a completed Personal Health form.

Custodial parent or guardian:

Print name: _____

Signature: _____

Relationship to child/ward: _____ Date: _____, 2010

If your child/ward requires medical treatment, your signature on the Personal Health form gives a SUNIA representative authority to take initial steps to secure medical advice and services. You will be contacted as soon as possible. If you are unreachable, the person named in the permission form above will be contacted.

The Seminar on the United Nations and International Affairs - SUNIA
EXPECTATIONS FOR PARTICIPATION

1. This document outlines expected behaviour during activities. A participant is defined as “any person, adult or child, who is involved in an activity in any capacity.”
2. Participants and/or their parent(s)/guardian(s) must review this form thoroughly before signing it.
 - The Seminar on the United Nations and International Affairs (hereinafter referred to as SUNIA) will not tolerate acts of discrimination and/or harassment on the basis of gender, race, national or ethnic origin, colour, age, religion, sexual orientation, family status, or disability.
 - The emotional, physical, verbal or sexual abuse of any participant will not be tolerated.
 - Participants must follow provincial and municipal laws and regulations and, if permitted, only smoke in designated smoking area.
 - No alcohol or illegal substances may be brought to or consumed at the activity.
 - Any material that may be deemed a “weapon” will be confiscated and the individual will be sent home immediately. The Directors of SUNIA have the right to define a “weapon.”
 - In the event of suspected “banned” materials, the Directors of SUNIA or their designate may perform a search of belongings for the purpose of confiscation of such banned materials, with the individual and another adult present.
 - The privacy of the individual is to be maintained at all times. No person shall disregard another's privacy as it regards to personal belongings, accommodation or hygiene facilities.
 - No participant will engage in acts of criminal or civil disobedience as outlined by the laws of Canada, for example, theft, vandalism, assault, etc.
 - Actions and behaviours that jeopardize the safety of the participant or the group will not be tolerated.

Any violation of this document will be cause for disciplinary measures and will result in discipline that may include the participant being sent home at her/his own or her/his parent’s/guardian’s expense. In the case of expulsion, no portion of fees is refundable.

The Directors of SUNIA, in consultation with other counsellors, will interpret these expectations. The Directors of SUNIA have final discretion for ensuring safety by removing or excluding an individual from any activity. Exclusion for reasons of safety may be extended to other activities if the individual has not demonstrated an understanding of risks and appropriate safety guidelines.

I have read the expectations for participation and agree to comply with the above while participating in events/ activities. I further understand that any violation of these expectations will be cause for disciplinary measures and if such results in my being sent home, that it is done so at my own expense or the expense of parents/guardians.

Name of participant _____

Signature of participant _____

Signature of parent/guardian (if the participant is a minor) _____

Relationship to child/ward _____

Date of signature _____, 2010

Failure to sign this document will result in the exclusion of the participant from activities.

Seminar on the United Nations and International Affairs - SUNIA

RELEASE, WAIVER AND ASSUMPTION OF RISK

This form is to be signed by custodial parent(s) or guardian(s) of a minor child or by participants who are provincial age of majority.

Parent(s)/guardian(s): Review the information below and the risks and safety management strategies listed on the Parent/Guardian information form. Initial all the activities in 2(a) that you are consenting to your child/ward's participation in, and then sign the form at the bottom. Your child/ward will not be permitted to participate in those activities for which you have not initialed.

I(we), _____, hereby acknowledge and agree in consideration of _____ being permitted to participate in the activities of the Seminar on the United Nations and International Affairs (hereinafter referred to as SUNIA), at and around Goldeye Centre, Nordegg, Alberta, on August _____, 2010

1. I (we) do hereby release SUNIA, its members, officers, directors, and volunteers from all liability, claim causes of action of any kind whatsoever in respect to all personal injuries, loss of life or property losses which our child/ward may suffer arising out of the activities of SUNIA.
2. And I (we) do hereby acknowledge and agree
 - a. that the adventurous activities listed below may be dangerous and expose my (our) child/ward/self to risks and hazards:
Activities (Initial activities to show consent for participation)
Supervised waterfront activities without a trained lifeguard _____
Hikes of 8 km or less _____
Large group games and competitions _____
 - b. that I (we) freely and voluntarily assume all the aforesaid risks and hazards as noted on the attached Parent/Guardian Information form for my child/ward/self.
 - c. that I (we) have carefully read this Release, Waiver and Assumption of Risk agreement, that I (we) fully understand same, and that I am (we are) freely and voluntarily executing same.
 - d. that I (we) understand clearly that by signing this Release I (we) will be forever prevented from suing or otherwise claiming against SUNIA, its members, officers, directors, or volunteers with respect to any matter arising from these activities.

DATED at _____, this _____ day of _____ in the year 2010.

Signature(s) of custodial parent/guardian or participant _____

Relationship to participant (if applicable) _____

Signature of witness (must be of provincial age of majority) _____

Note: When only one parent signs to indicate consent, he/she does so in good faith and is presumed to be acting with the consent of the other legal parent/guardian.

Seminar on the United Nations and International Affairs – SUNIA

WELLNESS STATEMENT

1. The information on this form may be used by representatives of the Seminar on the United Nations and International Affairs (hereinafter referred to as SUNIA) to administer or authorize appropriate health care or medical attention for the participant, if needed.
2. The Wellness Statement must be completed and signed by a physician if, within one month of the date of SUNIA, the participant has been treated by a physician for an illness or injury that will have an impact on participation (e.g., fracture, recent diagnosis of diabetes, operation, pneumonia, etc.)

Name of participant _____

Physical requirements for participating in the SUNIA program:

Able to move short distances between buildings (50-400 m) several times daily over uneven surfaces (gravel, small roots)

Able to do hikes of a maximum of 8 km on well-established trails with some steep sections

Able to participate in group wide games/initiative challenges

Able to tolerate allergens and other natural hazards commonly encountered in an outdoors/ camp setting

Please assess participation based on the following questions:

Yes	No	Question
		Are there potential health risks in managing the illness, injury or other health concern with an appropriate standard of care during SUNIA? (If yes, specifics of that care must be detailed below).
		Does the illness, injury, or other health concern limit the ability of the participant to safely engage in the activities of SUNIA?
		Will the illness, injury or health concern affect the health or safety of other participants?
		Could hospitalization or ongoing professional treatment be required during SUNIA?

If the answer is yes to any of the above questions, please complete the remainder of this form.

To be completed by the physician:

Nature of illness or injury: _____

When did it occur: _____

Ongoing treatment: _____

Any potential problems that counselors may need to be aware of: _____

I have examined the above patient and believe that she/he is capable of safely and fully participating in SUNIA to the best of her/his ability and with minimal physical assistance. I further agree that the ongoing treatment as outlined above is accurate.

Signature of physician _____

Name of physician (print) _____

Date _____ Phone _____

To be completed by parent/guardian:

I understand that my child/ward will be expected to safely and fully participate in SUNIA to the best of his/her ability and with minimal physical assistance. I further understand that if it is deemed by the Directors of SUNIA, in consultation with other counselors, that my child/ward's participation has posed a safety risk to him/herself or others in the group, I will be consulted and will be responsible for arranging transportation home for my child/ward at my expense.

Signature of custodial parent/guardian _____

Date _____

Relationship to child/ward _____

OR

To be completed by participant, having reached the provincial age of majority

I understand that I will be expected to safely and fully participate in the program, to the best of my ability, with minimal physical assistance. I further understand that if it is deemed by the Directors of SUNIA, in consultation with other counsellors and myself, that my participation is/has posed a safety risk to myself or others in the group that I will be required to return home at my expense.

Signature of participant _____

Date _____

STAGE TWO

Carpools and Billeting

Whether you have decided to find your own way out to Goldeye or are just getting to Red Deer, we suggest carpooling as a means of saving our environment and the sanity of whoever has to drive you all the way out and pick you up. Should you be interested in arranging to carpool with another person going to SUNIA, please fill in the form at the bottom of this page.

One of the unique aspects of SUNIA is that participants often attend from areas all over the country. Since there is no major airport at Goldeye, these visitors may require somewhere to stay just before and after SUNIA in either Edmonton or Calgary. If you are interested in housing a billet, please indicate that at the bottom of this form. This is a great chance to meet people from other areas, and it is certainly appreciated.

Thanks!

If you are finding your own way ALL the way out to Goldeye, here's a map:



Name: _____

Address: _____

I would like to be part of a carpool:

_____ to **Red Deer**

_____ to **Goldeye**

_____ I would like to act as a **billet** for a SUNIA participant.