



Winter Wonder - Volunteer Information

Soon you will join your child's class, teacher, and a Wildsight educator in a winter adventure to learn about the natural world. Winter Wonder is a special winter ecology field trip program for children in Kindergarten through grade 3. The program teaches students about nature in ways they'll remember: with fun, hands-on activities. They explore the special adaptations of animals and plants to cope with the snowy season, and examine snow crystals. This all takes place within the schoolyard or within a short walk from the school.

Wildsight's professional educators – teachers, biologists, ecologists – lead students in fun, hands-on activities to teach about nature in ways they'll remember.

Field Trip Checklist

Please prepare to be outside. Remember, our weather can change suddenly! We recommend:

- Snow pants
- Warm winter boots
- Warm winter coat
- Water resistant snow mitts
- Warm hat

Wildsight Assumption of Risk Form - Please sign, and return

Please review, sign and return the waiver below. Wildsight is obliged to obtain signed waiver forms for all volunteers taking part in Wildsight activities. The Winter Wonder program will take place within the schoolyard or within a short walk from your child's school, and the risks are the same as for a walk outdoors.

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 participating in a Winter Wonder program, I agree to this release from liability, waiver of all claims and agreement not to sue. 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 or my child as a result of mine or 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 or my child's participation in the Winter Wonder program.

I also agree to follow all COVID-19 protocols set out by my child's school and the Wildsight organization.

Assumption of Risk

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.

Name of Volunteer	Emergency Telephone Number	Signature of Volunteer	Signature of Witness	Date Signed

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

Turn over for consent form for photographs, video and audio recordings.



Consent Form for Photographs, Video and Audio Recordings (optional)

You will be 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: Winter Wonder

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 of the region or the work of Wildsight, displaying them in our offices or at events being hosted by Wildsight.

Images may contain your recognizable image, so the purpose of this form is to notify you of this possibility and seek your permission to use your Image 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 consent to the possibility of your image being used as described above, please complete & sign the form below.

Please note: You will be able to fully participate in the event should you prefer to withhold your consent to use your image as described. Leave this form incomplete, with no signature if your consent is withheld.

Consent - This consent is optional

I understand that my Images 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 my Image for all of the purposes stated above.

I consent to Wildsight using, reproducing, publishing, broadcasting or displaying Images containing my image and voice for all of the purposes stated above.

Printed Name of Volunteer

Signature of Volunteer

Date of Signature