RESCUE CANADA PARTICIPATION AGREEMENT:

IN CONSIDERATION FOR MY ACCEPTANCE AND PARTICIPATION IN THIS ACTIVITY WITH RESCUE CANADA (RC) RESOURCE GROUP INC., **I WILL CAREFULLY READ THE 2 FOLLOWING, 2 PAGE DOCUMENTS IN THEIR ENTIRETY, INCLUDING THE SMALL PRINT. THIS IS THE FIRST STEP IN MY RISK MANAGEMENT PROCESS.**

THESE DOCUMENTS INCLUDE:

1) **THE PARTICIPATION AGREEMENT WHICH DEALS WITH THE ISSUES OF PERSONAL RESPONSILITY, ASSUMPTION OF RISK & RELEASE**
2) **MY HEALTH ASSESSMENT RECORD**

THESE 2 DOCUMENTS ARE ALSO THE FIRST STEPS IN DEVELOPING YOUR OWN PERSONAL PROFILE, YOUR UNDERSTANDING OF RISK ASSESSMENT AND THE FOUNDATIONAL PRINCIPLES UPON WHICH YOU WILL MAKE DECISIONS DURING THIS COURSE.

I WILL ENTER MY CORRECT LEGAL NAME AND I WILL CAREFULLY QUESTION AND CLARIFY EVERY ISSUE IN EACH DOCUMENT SO I CAN FULLY UNDERSTAND, AGREE WITH, INITAL THE YELLOW BOXES & SIGN THESE 2 COMPLETED DOCUMENTS

TERMS FOR THE 2 DOCUMENTS: √ **Rescue Canada Resource Group Inc**. (a British Columbia Corporation), and the **International Rescue Instructors Association** (I.R.I.A., a certification organization) here includes any associated companies or subsidiary corporations or assumed business names, their agents, instructors, assistants, contractors, employees, property owners, equipment suppliers, course organizers and any other associated persons or entities, are hereinafter referred to as **the Group.**

1) NAME: (first) _____, (middle) _____, (last) _____
PRINT IN CAPITAL (UPPER CASE) LETTERS

"I", the person named above, am _____ years of age and will be considered hereinafter to include my employers, my heirs, assigns, personal representative(s) and my estate.

These included persons, organizations, and my estate are aware and know that **I** am an informed, objective and rational individual and that the following statements which **I** agree to, would necessarily be true and are to be honoured, in the future, on behalf of my employers, heirs, assigns and my estate.

2) STATEMENT OF PERSONAL ABILITY: √
I am physically and emotionally capable of participating in this course.

I am able to make informed, objective decisions about my participation during this course and I am free to, and I will be supported to, OPT OUT of any specific course activity that I choose, for any reason.

If **I** have or am being treated for (taking medication for) any medical issue that may affect my well being during this course, **I** will discuss these issues with the instructor before I take part in any activity. Together, we will decide the appropriate level of my participation.

3) STATEMENT OF PERSONAL RESPONSIBILITY AND COMMON SENSE: √
I am a healthy, mature, informed, objective and reasonable individual, and **I know my capabilities and my limitations**.

No one is forcing me to participate in any specific activity and **I freely choose to participate** in any activity in spite of the **obvious and inherent risks** of this training. These activities include, **but are not limited** to hiking, using

ropes for access and technical rescue, wading, swimming, operating boats, working around and in helicopters, using power tools, and, operating at night, in all weather conditions, in rivers, canyons, flood canals, around dams, in surf, surge channels, tidal zones, moving ice, *and in* industrial and construction sites, etc.

I understand there have been **injuries, and loses, and deaths** in the past and **if I need more information about the root causes of these previous incidents,** I will ask the instructor to describe and explain these incidents, to help me better understand these risks and so I can make the appropriate decisions and take the appropriate actions.
If **I** do not completely understand and/or if **I** do not have complete confidence in the use of any equipment or of any technique/procedure or if **I** am unclear of the physical fitness requirements expected of me, **it is my sole responsibility** to ask the instructor to explain and demonstrate and clarify any misunderstanding.

4) ASSUMPTION OF RISK, NEGLIGENCE (civil wrong causing injury / harm to another, failure to provide a proper standard of care), and LIABILITY (legal obligation for costs and / damages) and RELEASE: √

- **I understand and accept that there are INHERENT (fundamental, innate, in-built, unseen) RISKS to me, and others, by my very participation in this course and its activities**
- **I fully understand and accept what is expected of me before I proceed, or I will OPT OUT.**
- **I fully understand and accept my sole RESPONSIBILITY to OPT OUT of any exercise.**
- **My very participation, witnessed by all, confirms me taking complete personal responsibility for: 1) Any NEGLIGENCE and/or LIABILITY that may emerge that I am involved with,**
  2) For every decision, action, and inaction I take, including the subsequent consequences.

5) *RELEASE*

- **I therefore agree and promise to never sue and to FOREVER RELEASE the Group of any responsibility for all harm, damage or loss that may come to me in this course.**

6) PHOTO RELEASE STATEMENT: YES ___ **NO ____**
I consent to photographs taken of me, including those which may reveal my identity, during my participation in the Activities, and to publication of the photographs by the Group for advertising, promotional and marketing purposes.

7) STATEMENT OF INTELLECTUAL PROPERTRY, PROPRITORY TECHNIQUES AND COPYRIGHTS: √
I understand and agree that much of the content includes intellectual property, copyrighted material, and proprietary techniques (Materials) that are used in this course that are the exclusive property of the Group and of the authors, contributors, and of others from around the world, whose materials are used by the Group with permission.
I understand and agree that it is a criminal offence for anyone to use any of the proprietary Materials in any way, without having first received written permission from the Group. I agree that I will not use any part of the Group's intellectual property, copyrighted material and proprietary techniques (Materials), in any way, to attempt to deliver a similar course or service, nor will pass on any of these Materials to others who are involved with developing / delivering a similar course, nor will I transfer or otherwise use any of this Material, in any way**, without prior written permission of the Group. (If you would like to use any of this proprietary information, just contact us. Greater than 95 % of all requests are granted)**

8) GENERAL: √ I understand that this document represents the Participation Agreement between the Group and me and that it cannot be changed in anyway by anyone, including me.
My signature below verifies that **I** have read this entire document, have entered my correct legal name, have clarified any questions **I** may have had, do acknowledge, understand, and accept all its contents completely and agree to be forever bound by its terms and conditions.
I am a person of integrity, and I will never dishonour this agreement under any circumstances.
I understand that the Group has the moral and legal right to use all their resources to defend itself, it's people, and it's materials and seek the appropriate compensation if the Group is damaged it any way, what so ever. That is, the Group will use all its resources under Law and broad publication on the Internet, regarding any breach. We expect you to do the same if the roles were reversed.

For the Group _____ **Course Participant** _____
Instructor Initials **Student Initials**

2) PARTICIPANT'S PERSONAL HEALTH RISK ASSESSMENT RECORD

THIS IS MY SECOND STEP IN MY PERSONAL PROFILING AND RISK ASSESSMENT PROCESS.

Name: _____
PLEASE PRINT IN CAPITAL (UPPER CASE) LETTERS

This course will involve activities that require some physical exertion, which I may *opt out* from.

It is important that I have *clear knowledge* of my own level physical of fitness / abilities and of any medical issues that may affect my participation and well-being during (and after) this course.

The information that I provide is *critical* in allowing our staff to offer you the specific and appropriate support during the course and to prepare them (*and you*) for any possible medical emergencies.

Please PRINT IN UPPER CASE or circle the appropriate answer. This information will be kept in complete confidence.

1) My doctors' name is: _____ Phone: _____
PLEASE PRINT IN CAPITAL LETTERS

2) Health Care Card # _____ Province: _____

3) In case of an emergency, please contact:

Name: _____ Phone: _____
PLEASE PRINT IN CAPITAL (UPPER CASE) LETTERS

IF YOU ANSWER ANY OF THESE QUESTIONS WITH A **RED**, **YES** OR **NO**, I WILL CONTACT AND DISCUSS ANY ISSUES WITH THE INSTRUCTOR BEFORE STARTING THE PRACTICAL PART OF THE COURSE

4) Do you now have, or have you in the last 3 years been treated for, any of the following conditions / problems?

- Pneumonia **YES** ____ NO ____
- Any Communicable Disease **YES** ____ NO ____
- Cardiovascular **YES** ____ NO ____
- Respiratory **YES** ____ NO ____
- Kidney or Liver **YES** ____ NO ____
- Allergies **YES** ____ NO ____
- Lower Back or Spine **YES** ____ NO ____
- Shoulder Dislocation **YES** ____ NO ____
- Arthritis or Joint Impairment **YES** ____ NO ____
- Stress / Anxiety **YES** ____ NO ____
- Other Medical Conditions **YES** ____ NO ____

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For Rescue Canada _____ **Initials**

Course Participant _____ **Initials**

5) I have seen a doctor or a medical professional within the last 3 years. **YES** ____ NO ____

6) I have had a full medical examination within the last 3 years. YES____ **NO** ____

7) If you are currently taking medication(s) for any of the conditions above or any other conditions, will you guarantee that you take these medications, as specified, during this course?

YES ____ **NO** ____

8) Are you currently under the care of a medical / health professional? **YES** ____ NO ____

9) Are you physically active /exercise weekly? YES ____ **NO** ____

10) Can you walk non-stop up 50 steps? YES ____ **NO** ____

11) For water courses, can you swim? YES____ **NO** ____
Have you ever had a near drowning experience in water in the past? **YES**____ NO ____
Can you swim 50 meters non-stop, in flat, non-moving water? YES____ **NO** ____
Can you swim 100 meters non-stop, in flat, non-moving water? YES____ **NO** ____

12) Do you wear corrective glasses or contacts? **YES**____ NO ____

13) Do you have a minimum,7 hour, current, First Aid certification with CPR? YES____ **NO** ____

Again, before taking part in this course, it is <u>my responsibility alone</u> to contact the instructor(s) and discuss any personal or medical issues / concerns that I may have and answered with a YES or NO in the questionnaire.

_____ **Participants Signature**

_____ **Date**

_____ **WITNESS NAME (IN UPPER CASE)**

_____ **Witness Signature**

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