

# CANADIAN WATERS, INC.

## ACKNOWLEDGMENT AND CONSENT

My child is authorized to fully participate in a canoe trip into the wilderness areas of the Boundary Waters Canoe Area of Northern Minnesota and/or Quetico Provincial Park in Ontario, Canada, which is being sponsored by \_\_\_\_\_  
(please insert name of youth group or organization)

At all times during this trip, the leaders of this organization are fully authorized to make such decisions as they deem necessary concerning immediate medical care of my child. I give my full parental and/or legal guardian consent to the leaders to make such decisions concerning the health of my child. The following are the limitations upon immediate health care that I deem appropriate, if any:

\_\_\_\_\_

The following are medications to which my child is allergic, and **should not receive**, if any:

\_\_\_\_\_

I have been made aware of many risks and hazards that are inherent in wilderness travel. At organizational meetings this topic has been discussed. Written material has been provided to me and/or made available for me to read, including a document entitled "**Risks Associated With Wilderness Travel**" prepared by Canadian Waters, Inc.

During the trip, the leaders of the organization will be making decisions that influence the safety of my child. As the Outfitter is not able to judge the physical and mental capacity of my child to participate in this trip, I have made the leaders of the organization listed above aware of any known limitations that affect my child's participation.

I recognize that traveling in the wilderness areas during this trip will expose my child to risks of canoeing in rivers and lakes, and of travel in forests where bears, wolves, and other large animals are prevalent. My child has been instructed by me to wear a life vest at all times on the water. I have discussed with my child the challenges to be faced by wilderness travel as I have learned them from the meetings, and believe my child is mature enough to responsibly handle this trip.

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

Child's Name: \_\_\_\_\_

Parent's / Guardian's Signature: \_\_\_\_\_

Parent's / Guardian's Name (printed) \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

**GROUP LEADER: Please feel free to reproduce this document and distribute one copy to the parent or guardian of each minor child participating in the canoe trip. We recommend you keep these original signed ACKNOWLEDGMENT AND CONSENT forms for your files.**