

**This is an important notice.
Please have it translated.**

Skw'une-was Program Informed Consent and Acknowledgement of Risk

Purpose of the Program

The Skw'une-was Program at Cheakamus Centre is a two-day overnight experience that has been developed to enhance students' understanding of, and respect for First Nations culture and teachings.

Program Structure

Students and adults will spend their time in the longhouse and surrounding area rotating through different cultural activities in their assigned family groups. There are four or five Family groupings that include Cedar Bark Workers, Gatherers, Weavers, Woodworkers and Fishers and Hunters. Students are assigned to these groupings by their classroom teacher and their time is spent within these groups learning about the importance of their role to the longhouse community. Students will work in their groups with Cultural Program Staff and a parent volunteer: "Elder". Students will be engaged in activities in and around the longhouse including the preparation of some aspects of their daily meals. All children will experience cooking bannock using wooden sticks while also learning traditional cooking methods using 'hot rocks'. Students will sleep on raised platforms in the longhouse, accompanied by the classroom teacher(s) and parent volunteers.

Supervision

Cheakamus Centre staff will facilitate program activities during the day with assistance from the supervising teacher(s) and parent elders. Teachers and parent elders and have had the opportunity to train through a half day orientation workshop on program procedures and expectations. The classroom teacher(s) is available both during the day and at night to supervise and help with Family groups. Additional overnight support is provided by on-site Cheakamus Centre staff on an on-call basis.

Nature and Scope of Risks

The Skw-une-was Program involves inherent risks that may be different or greater than those found in a typical school setting. The program has been designed to provide appropriate experiences and challenges given the age of the participants. Program staff and participating adults strive to minimize risk of injury or harm to participants. Program activities involving risk include, but are not limited to: cooking over an open fire; doing activities around fires and in areas where there is wood smoke; using traditional cutting tools for cutting and shaping; walking in forest and riverside trails; and playing games in an outdoor environment. Risks associated with these activities include but are not limited to: exposure to inclement weather; insect or animal bites; being struck by falling objects; burns from cooking or proximity to fire; immersion in cold water; falling on uneven and slippery terrain; social or economic losses due to actions of others; loss or damage of personal property, injury, illness, or death. Accidents can be the result of the nature of the activity and can occur without any fault on the part of the student, the School Board or its employees or contracted agents.

Safety and First Aid Considerations

At all times, adult supervisors have access to First Aid supplies on site. Visiting teachers or the parents of attending children are responsible for supporting the administering of student medications. There is a First Aid certified Cheakamus Centre staff member on-call 24 hours a day who can be reached by phone and two-way radio. Note that Cheakamus Centre First Aid Staff do not possess specialized training for diabetes, epilepsy or other serious conditions. In an emergency, Squamish General Hospital is a 15-minute drive from the Cheakamus Centre site. Student personal care plans/medical supplies (i.e., epi-pens) are to be provided by parents for students with life-threatening medical conditions (e.g., anaphylaxis). Visiting teachers will carry a cell phone and have access to a two-way radio during evenings/overnight. Emergency procedures will be reviewed by Cheakamus Centre Program Staff on arrival to the site.

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***Attention: A separate Informed Consent is required for both adult and child participants**

All students must have written permission from a custodial parent/guardian in order to participate in educational programs offered at Cheakamus Centre.

PARTICIPANT NAME: _____

SCHOOL/GROUP: _____ **PROGRAM DATE:** _____

I have read and fully understand the Informed Consent and Acknowledgement of Risk information that pertains to my child's or my own participation in the Skw'one-was Program at Cheakamus Centre. I am aware of the levels of supervision, inherent risks, expectations for behavior and existing safety precautions. I understand there will be consequences for non-compliance or unsafe behaviour, which may include, but not be limited to my child being sent home at my expense.

Parent/Guardian and Participant Agreement: *(Please review the following expectations with your child)*

We understand and agree that participation in Cheakamus Centre activities requires the Participant to:

- Provide School Staff with the most accurate, up-to-date medical and dietary information prior to participation.
- Share the responsibility for their own safety and the safety of others during all activities.
- Follow all instructions and directions of Cheakamus Centre staff and visiting teaching staff. Failure to do so may result in removal from the program.
- Acknowledge the above risks and accept responsibility for all damages and loss resulting from participation.
- Acknowledge that administering medications is the responsibility of the visiting teacher, unless the parent is attending as a volunteer.

As a parent/guardian or adult participant, I may contact Cheakamus Centre in advance regarding questions about the risks described above or pertaining to any other aspect of the program.

My signature below indicates that I understand and accept the risks involved in my/my child's participation in the Skw'one-was Program at Cheakamus Centre, and I give my consent to their participation in the indicated activities.

This Agreement will be governed and interpreted in accordance with the laws of British Columbia.

Custodial parent/guardian NAME
or
Adult participant NAME

Custodial parent/guardian SIGNATURE
or
Adult participant SIGNATURE

Date signed