

Participant Information Package & Agreement **(the “Agreement”)**

It is our priority to create an inclusive environment at camp for all attendees. We work diligently to address issues as they arise that challenge the inclusion of all. It is our expectation that all attendees are inclusive to their peers and all other participants in our camp community

Please review the details of this Agreement, sign and return to your group leader no later than **February 23, 2026.**

Organizing Committee

Ever Active Schools (“Ever Active”) in partnership with the Indigenous Youth Mentorship Program.

Key Contact(s):

Katelynn Theal

Director of Operations | She/Her

Cell: 587.983.3640

katelynn@everactive.org

Dr Teena Starlight

National Director - IYMP | She/Her

Cell: 403.331.9521

teena@everactive.org

Pre-event related questions and inquiries should be sent to events@everactive.org and use subject matter: Still We Rise Participant Question

Guest Information

Contact

| | | | |
|---|--|----------------|--|
| Participant Name (the “Participant”) | | School | |
| Grade | | | |
| Is the Participant acting as a Chaperone during the Event? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Parent/Legal Guardian of Participant (if under 18) | | Phone # | |
| Emergency Contact Name | | | |

| | | | |
|------------------------------------|--|--------------------------|--|
| Relationship to Participant | | | |
| Contact Information | | Alternate Contact | |

Dietary needs

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|---|
| We prepare meals to meet the needs of each Participant. Please share any dietary needs or restrictions such as halal, vegetarian, dairy free, gluten free, no pork, vegan, other. |
| |

Allergies and Medical Info

Please share any dietary restrictions, allergies, or medical needs the Event committee/camp staff need to be made aware of.

For Participants with a serious or anaphylactic (ANA) life threatening allergy, an Anaphylaxis Follow Up Form is also required. If "trace nut" products cannot be ingested, or the allergy is airborne, our Food Services team will alter the menu to help minimize the risk of exposure, however, we cannot guarantee zero exposure or zero cross contamination.

| Allergy/Medical Needs | Details, Reaction, Treatment* | Anaphylaxis (yes/no) |
|------------------------------|--------------------------------------|-----------------------------|
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*MEDICATION POLICY

All medications that must be administered, either scheduled or as needed, are the sole responsibility of the attending group. Gull Lake Centre, and Ever Active do not employ a nurse, and are not permitted to administer medication. In the event of a medical emergency, Camp/Ever Active Staff will employ emergency response procedures as needed. Participants and Chaperones are not permitted to be under the influence of intoxicants, including legal or prescribed medication, at any time.

Participant Commitment

We can't wait to have you join us at camp! We want you to have an amazing time with us, and you can help us make it a fun and friendly place for learning and growing. For this to happen, here is what we expect of you while at camp.

Safety First

- I will keep myself and others safe by being careful
- I will wear the right clothes and gear for camp activities
- I will only bring things that are safe and allowed at camp

Be Kind and Respectful

- I will make camp a friendly and respectful place with how I act and talk
- I will respect people's personal space, boundaries, and privacy
- I will respect nature, animals, camp property, and equipment

Be Responsible

- I will follow the rules from my teacher, chaperones and camp staff
- I will eat, drink, and rest well to stay healthy at camp
- I won't bring or use drugs, cannabis, (e-)cigarettes, and alcohol, and I will leave expensive things like jewelry at home

Ask for Permission

- I will always ask if it's okay before doing anything with others
- I will make sure to wait until I hear a happy and clear "yes" from others
- If someone says "no" or changes their mind, I will respect that decision and not push them into something they're not comfortable with
- If I change my mind or feel uncomfortable, it's okay for me to say "no" at any time

Ask for Help

- If I find something too hard or feel uncomfortable, I will ask my teacher, chaperone or camp staff for assistance
- If I feel unwell or need help with my feelings, I will talk to my teacher or chaperone

Listen, join in, and speak up

- I will listen to what others say and be open to new ideas
- I will invite others to join in conversations or activities
- If I see something unkind or unsafe, I will tell my teacher, chaperone or camp staff

- I will try my best to join in all camp activities, but I know I can always choose what I want to do

Thank you for agreeing to follow these expectations. We're so excited to have you at camp!

Participant Signature _____ Date _____

Packing List

Sleeping & Personal:

- Bed linens, pillow, sleeping bag or blanket
- Towel
- Toiletries
- Water bottle
- Medications, EpiPen (if applicable)

Note: each cabin has a washroom, standing shower, and double sink. Extra facilities are also available outside the cabins, but would require you to go outside, so consider packing some warm PJ's/cozy clothes, and a flash light.

Clothing:

- Comfortable clothing
- Warm layers and rain /winter gear
- Indoor shoes and outdoor footwear
- Extra socks

Activity Gear:

- Outdoor gear
- Skates and helmet (optional)
- Gloves, hat

Optional:

- Small backpack
- Notebook and pen
- Snacks (nut free please)

Do Not Bring:

- Valuables
- Alcohol, drugs, vaping devices
- Snacks containing nuts
- Unsafe items

Please label all personal items. While we do our best to keep belongings safe, participants are responsible for their own items, and we cannot be responsible for lost or misplaced belongings.

ASSUMPTION OF RISK & RELEASE OF LIABILITY

[Ever Active](#) is hosting the Still We Rise event from March 11, 2026 to March 13, 2026 (the "Event") at the [Gull Lake Centre](#) (Address: 22-28116 Township Road 411, Lacombe County, AB T4L 2N3 Phone: (403) 782-2495) (the "Camp").

Event activities may include:

1. Low-energy activities: cultural learning, smudging, arts, sharing circles, indoor games.
2. High-energy activities: group games, outdoor/indoor recreation, optional skating (weather permitting - helmets and skates need to be packed).
3. Outdoor activities: campfires facilitated by staff, nature activities.
4. Shared sleeping accommodations with peers of the same gender.

Assumption of Risk:

I am aware that Participation in Event involves inherent risks including but not limited to, physical injury, illness, emotional distress, or property loss. Risks may arise from environmental conditions, physical activity, interaction with others, limited access to immediate medical care, and communicable illness exposure. I acknowledge that I am voluntarily consenting to participate in the Event and accept and fully assume any and all risks involved in the Event, whether caused by the negligence of Ever Active or otherwise. I acknowledge these risks and agree that they do not constitute harm, negligence, or wrongdoing by Ever Active.

Release of Liability:

I hereby expressly waive and release any and all liability, claims, demands, or cause of action, which I have, or may have in the future, against Ever Active, and any of their affiliates, and their respective directors, officers, employees, volunteers, members, agents, representatives, shareholders, successors, and assigns (collectively, the “**Releasees**”), arising out of or attributable to my participation in the Event, including any camp-related events and travel, due to any cause whatsoever, including, but not limited to, physical injury, emotional responses, the negligence of Ever Active or any other Releasee, breach of contract, or breach of any statutory or other duty of care owing under occupiers liability legislation or otherwise.

I covenant not to make or bring any such claim against Ever Active or any other Releasee, and forever release and discharge Ever Active and all other Releasees from liability under such claims, demands, or causes of action.

Indemnification:

I agree to indemnify and hold harmless Ever Active from any claims brought by or on behalf of the Participant, or by any third party, arising out of or attributable to the Participant’s attendance at the Event.

Consent:

I acknowledge that I have read and understand the terms of this Agreement and that I am voluntarily consenting to my participation in the Event.

This Agreement constitutes the entire agreement of Ever Active and me with respect to the subject matter contained herein and supersedes all prior and contemporaneous

understandings, agreements, representations, and warranties, both written and oral, with respect to such subject matter. If any term or provision of this Agreement is held to be invalid, illegal, or unenforceable in any jurisdiction, such invalidity, illegality, or unenforceability shall not affect any other term or provision of this Agreement or invalidate or render unenforceable such term or provision in any other jurisdiction. This Agreement is binding on and shall enure to the benefit of me and my heirs and next-of-kin, and Ever Active and its successors and assigns.

| | |
|---|--|
| Date | |
| Name of Participant | |
| Signature of Participant | |
| I am the parent or legal guardian of the minor Participant named above. I have the legal right to consent to and, by signing below, I hereby consent to the terms and conditions of this Agreement. | |
| Name of parent/guardian (if Participant is under 18) | |
| Signature of parent/guardian (if Participant is under 18) | |

Forms can be returned to your group lead, and/or you can send directly to events@everactive.org Subject: SWR Participant form School (insert school name)
Forms need to be received by the organizing committee no later than February 23, 2026

TOGETHER FOR HEALTHIER FUTURES

2nd floor, Percy Page Centre • 11759 Groat Road • Edmonton, Alberta • T5M 3K6 • 780.454.4745

Charity Registration Number - 891288334RR0001

www.everactive.org



Personal Information Protection Act (PIPA) Consent Form

I understand that Indigenous Youth Mentorship Program (IYMP), a program under Ever Active is a not for profit charity incorporated under Canada's Not for Profit Corporations Act.

I hereby grant my consent for Ever Active to collect, use, and disclose my personal information or that of my child or ward listed below at events, in the form of images, photos, video recordings, voice prints, captions and artwork for the purpose including same in print and online publications such as websites and social media for distribution to and access by the general public. I grant Ever Active full rights to alter and composite images and recordings identified above without restriction and without my inspection or approval.

I understand that I may contact the Privacy Officer at Ever Active by emailing privacy@everactive.org or by calling 780-454-4745 with questions or concerns. I understand I may withdraw or alter this consent at any time subject to the provisions of the Personal Information Protection Act.

I am granting consent for myself.

I am the parent/guardian of _____

(name of child/ren) and am granting consent on their behalf.

Name of Event/Location: _____

Dated: _____

Name (Print): _____

Signature: _____