

**LETTER OF CONSENT AND RELEASE OF LIABILITY FOR
THE DEPARTMENT OF NATIONAL DEFENCE/CANADIAN FORCES
AND
THE AIR CADET LEAGUE OF CANADA**

To parents/guardians: please return this form filled and signed to 604 Moose RCACS

GENERAL

1. To the parents/guardians of cadets from 604 Moose RCACS who are participating in the FTX event held at Camp Kasota at Sylvan Lake, Alberta, on November 22-24, 2019.
2. The purpose of this letter is to formally advise you of details of this trip and make you aware of the roles, responsibilities and liability of the Air Cadet League of Canada, the Department of National Defence/Canadian Forces, cadets and yourself. Your signature at the end of this letter will indicate that you have read and understand this letter and accept the conditions and risks to your son/daughter/ward and yourself under which this trip is being conducted.

SPONSORSHIP

3. Within the Canadian Cadet program, this activity is part of the normal training program and is funded by the Department of National Defence/Canadian Forces. The Department of National Defence/Canadian Forces sponsors this activity and provides support for it.

ACTIVITIES AND ITINERARY

4. A detailed itinerary for this trip is outlined on the 604 Moose RCACS website calendar. It outlines daily activities, timings, locations, methods of transportation and accommodations that will be used.

ALCOHOLIC BEVERAGES AND ILLEGAL DRUGS

5. In accordance with cadet policies, cadets are prohibited from consuming alcoholic beverages or using illegal drugs. If these rules are broken, the following may occur:
 - a. the cadet may be sent home at the parent's/guardian's expense;
 - b. the cadet may be prohibited from taking part in any further trip activities;
 - c. the cadet may lose cadet training and cadet membership privileges;
 - d. if injured while under the influence of alcohol or illegal drugs, medical insurance MAY NOT apply and any resulting expenses could be the responsibility of the parent/guardian.

DOCUMENTATION

6. Cadets shall have the following documentation in their possession before leaving home:
 - a. their provincial health card; a photocopy of the card or its number written down could be refused by medical facilities who may see it as inadequate proof of identification.

INSURANCE

7. During authorized international trips and exchange programs, all cadets on strength at a corps/squadron, attending CSTC/RGS, participating in a RCSU/D Cds & JCR activity or participating in an international exchange program are covered by the CF for emergency medical or dental care.

8. Parents/Guardians should check their own home-owners/renters insurance and determine what coverage/benefits they may already have on these matters.

MEDICAL

9. 604 Moose RCACS will be travelling with over-the-counter medications that may be administered if necessary and with prior parent's/guardian's consent. Only the *Commanding Officer/Officer-in-Charge* will administer these medications. Dosage instructions will be followed as per package instructions. On the consent form below, parents/guardians are requested to initial if they agree or disagree to have certain medications administered to their son/daughter/ward during the course of the trip.
10. Prescribed medications **MUST** be carried by the cadet in a pharmacy-labelled bottle with current doctor's orders clearly typed. Your son/daughter/ward should bring only enough medication for the trip (plus a little extra in case of spillage).
11. **Medical Alert Bracelets.** Please arrange for your son/daughter/ward to wear a medical alert bracelet as recommended by your physician or pharmacist for life threatening allergies or for complicated medical conditions. Complicated or multiple issues may require a written, detailed explanation be kept on the cadet's person while travelling, in case he or she is separated from the *Commanding Officer/Officer-in-Charge/Escorts*.

CONSENT AND RELEASE OF LIABILITY

WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND IDENMNIFICATION AGREEMENT

6. 1. By my signature, I, _____ (print full name),
the parent or legal guardian of _____ (print full name),
a member of the Royal Canadian Air Cadets, realizing the potential hazards associated with
travelling away from the cadet squadrons locality (Calgary) and taking part in cadet activities and
training, on behalf of myself and him/her (cross out non applicable), and my and his/her (cross out
non applicable) heirs, devisees, successors, assigns, executors and administrators, in consideration of
him/her (cross out non applicable) being permitted to participate in participating in the FTX event
held at Camp Kasota located in Sylvan Lake, Alberta, on November 22-24, 2019, or any other
activities related to this event, hereby:
- a. acknowledge having read the terms and conditions of this activity funded by the
Department of National Defence and indicate my understanding and acceptance;
 - b. accept/do not accept (cross out non applicable) that my son/daughter/ward will occasionally
have "FREE TIME" without direct supervision;
 - c. give the Commanding Officer/ Officer-in-Charge permission to authorize emergency
medical treatment if required for my son/daughter/ward;
 - d. waive all claims of any nature or kind whether in contract, tort, negligence or otherwise,
against Her Majesty the Queen in right of Canada, Her officers, servants, agents, employees
and members of Her Canadian Forces and the Air Cadet League of Canada, its officers,
servants, agents, employees and members, all in their employment and private capacities, in
any manner arising out of, based upon, occasioned by or attributed to the activity of them,
including negligence on their part, or any action taken or things done or maintained by
virtue thereof;
 - e. having determined that the activities involve potential hazards and may result in physical
harm and wishing in any event him/her (cross out non applicable) to carry out the activity
voluntarily assume any risks that may be associated with the activity;
 - f. at all times indemnify and save harmless Her Majesty the Queen in right of Canada, Her
officers, servants, agents, employees and members of Her Canadian Forces and the Air
Cadet League of Canada, its officers, servants, agents, employees and members from and
against all claims and demands, loss, costs, damages, actions, causes by action, suits, or
other proceedings by whomsoever made, brought, or prosecuted in a manner, related to any
loss, property damage, personal injury or death, resulting from, occasioned by or
attributable in any way to his/her (cross out non applicable) presence on this trip;
 - g. covenant that I will not commence or maintain against any person, any action or proceeding
which will give rise to a claim against Her Majesty the Queen in right of Canada, Her
officers, servants, agents, employees and members of Her Canadian Forces and the Air
Cadet League of Canada its officers, servants, agents, employees and members for
contribution or indemnity.

Signature of parent/guardian

Signature of witness

Date

MEDICAL

2. Parents/Guardians are requested to initial if they agree or disagree to have the medications listed below administered if necessary by the Commanding Officer to their son/daughter/ward during the course of the trip.

TYLENOL 325 mg tablets for pain or fever will be administered according to package directives.

Agree: _____ Disagree: _____ (Initial applicable)

IBUPROPHEN tablets for pain relief, muscle pain and reduce fever will be administered according to package directives.

Agree: _____ Disagree: _____ (Initial applicable)

GRAVOL 50 mg tablets for travel nausea (on the bus) will be administered according to package directives.

Agree: _____ Disagree: _____ (Initial applicable)

DIPHENHYDRAMINE (Benadryl) for symptoms of allergic rhinitis, motion sickness and insect bites and stings will be administered according to package directives.

Agree: _____ Disagree: _____ (Initial applicable)

ROBITUSSIN DM syrup for cough suppression will be administered according to package directives.

Agree: _____ Disagree: _____ (Initial applicable)

3. Cadets traveling with prescription drugs are requested to list them below.

Prescribed Medication	Reason
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

4. Cadets are requested to provide a list of their known allergies
