



Reading Week Wilderness Leadership Experience

(Note: Please save file as ReadingWeek_LastName and return as pdf)

Student Contact Information:

Name:

Student Number:

College Email: (all communication will use CNA email accounts only)

Program of Study:

Campus of Study:

Permanent Address:

City/Town/Village:

Province:

Country:

Postal Code:

Phone # (include area code and extension):

E-mail: (all communications will use College email)

Existing Medical Issues:

Do you have any severe food allergies/dietary restrictions:

Do you have any accessibility/mobility issues:

Are you on any medications the organizers should know about for safety purposes, and if so what are they:

Are there any other factors which may compromise your safety or the safety of others you would like to report at this time:

Emergency Contact Info

Name:

Relation:

Phone # work:

Phone # home:

Additional Information:

LIST ANY RELEVANT EXPERIENCE, ABILITIES, ETC. YOU FEEL WOULD BE APPLICABLE:

BRIEFLY EXPLAIN WHY YOU WOULD BE A GOOD CANDIDATE FOR THIS EXPERIENCE:

BRIEFLY EXPLAIN ANY OUTCOMES AND GOALS OF PARTICIPATING IN THIS EXPERIENCE:

I understand that participation as a College of the North Atlantic student engaged in Pre-Orientation Wilderness Leadership Experience (PROWLE) will take me away from campus for an extended period of time. During this period, I understand that I will be exposed to certain risks, including, but not limited to, loss of personal property, injury and/or death due to possible risks arising from the wilderness environment. I am prepared to accept these risks.

In consideration of approval to participate in this program, I hereby release and hold harmless the College of the North Atlantic, its agents and employees, from any and all liability for an loss, damage, injury or expense that I may suffer, or that my next of kin may suffer, as a result of my participation in this program due to any cause whatsoever including, but not limited to, negligence, breach of contract or breach of any statutory or other duty of care, delay, expense resulting from events beyond their control, acts of God, war, civil unrest, sickness, transportation, scheduling and government restrictions or regulations.

I further understand that it is my responsibility to abide by all applicable University policies, the laws of Canada, and to ensure that I have adequate medical, personal health, dental and accident coverage, as well as protection of my personal possessions.

I will not participate in any activity, including any political activity, which might endanger my local hosts and/or the College of the North Atlantic partners. I recognize that in the event of a general civil emergency, the College will endeavor to assist its students.

I understand that this agreement cannot be modified nor interpreted except in writing by the College of the North Atlantic and that no oral modification or interpretation shall be valid.

I ACKNOWLEDGE MY OBLIGATIONS AND RESPONSIBILITIES AS OUTLINED IN THIS DOCUMENT

Students Signature: _____ Date: _____

Witness' Signature: _____ Date: _____

Model and Material Release

For good and valuable consideration, the receipt of which is hereby acknowledged, I hereby consent to the photographing of myself and/or the recording of my voice and the use of these photographs and/or recordings singularly or in conjunction with other photographs and/or recordings for advertising, publicity, commercial or other business purposes. I understand that the term “photograph” as used herein encompasses both still photographs and motion picture footage.

I further consent to the reproduction and /or authorization by College of the North Atlantic to reproduce and use said photographs and/or recordings of my voice, for use in all domestic and foreign markets. Furthermore, I understand that others, with or without consent of College of the North Atlantic, may use and/or reproduce such photographs and recordings.

I hereby release College of the North Atlantic, and any of its associated or affiliated companies, their directors, officers, agents, employees and customers, and appointed advertising agencies, their directors, officers, agents and employees from all claims of every kind on account of such use.

Dated in the City/Town of _____, in the Province of Newfoundland and Labrador, this ____ day of _____, A.D., 2019.

Model Name: _____

Witness' Name: _____

Signature: _____

Signature: _____

Sorry to be a pain but – can we update the form to:

Privacy Notice

College of the North Atlantic is collecting your personal information to administer meals and activities during the Reading Week Wilderness Leadership Experience (the Experience). The information will be used by college staff as required to complete their work in relation to the Experience. It will also be used arrange appropriate medical assistance in the event you sustain a critical injury or are involved in an emergency situation during the Experience. This information is collected under the authority of the College Act, 1996, and the Access to Information and Protection of Privacy (ATIPP) Act, 2015. Your information is protected from unauthorized collection, access, use and disclosure in accordance with the ATIPP Act, 2015. It can be reviewed and corrected upon request. Questions about this collection of personal information can be directed to Jeff Martin at 709 637 8575 or jeff.martin@cna.nl.ca.