



Tofino - Wild West Coast Tour

3 days & 2 nights Tour

From **\$540** including GST | **May 10-12** 2019

LIMITED SEATS AVAILABLE. BOOK NOW!



TRIP INCLUDES

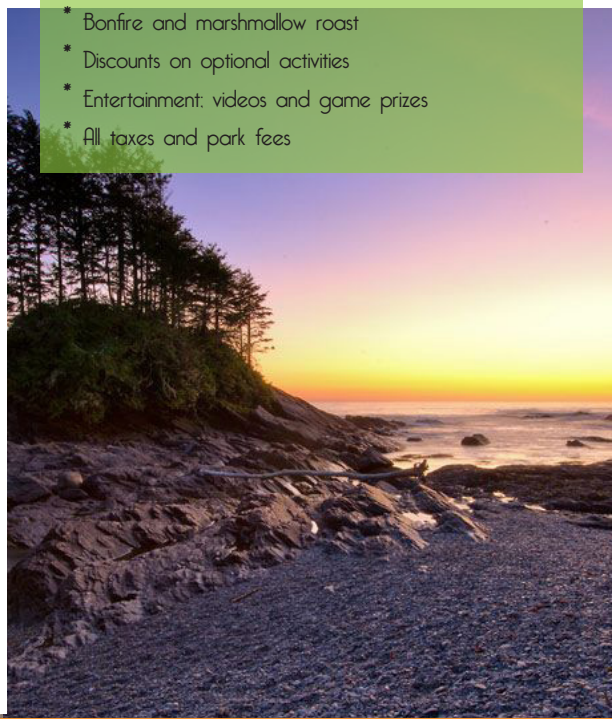
- * Mini coach or full sized coach transportation
- * Experienced, friendly and fun tour guide
- * 2 nights hotel accommodation
- * 2 breakfasts + 1 BBQ dinner
- * Whale watching (zodiac boat)
- * Bonfire and marshmallow roast
- * Discounts on optional activities
- * Entertainment, videos and game prizes
- * All taxes and park fees

TRIP OVERVIEW

Join us for a weekend on British Columbia's Wild West Coast with this 3 day 2 night Tofino Tour. Known for some of the most spectacular coastline in all of North America, this trip is not to be missed!

OPTIONAL ACTIVITY

Surfing lesson and rental (including wetsuits)
\$85 per person





BOARD OF EDUCATION
BURNABY
SCHOOL DISTRICT 41

IMPORTANT INFORMATION
PLEASE HAVE THIS TRANSLATED

RENSEIGNEMENTS IMPORTANTS
Prière de les faire traduire.

重要資料
請找人為你翻譯

これはたいせつなお知らせです。
どなたかに日本語に訳してもらってください。

알려드립니다
이것을 번역해 주십시오

CHỈ DẪN QUAN TRỌNG
Xin nhờ người dịch hộ

ਜ਼ਰੂਰੀ ਜਾਣਕਾਰੀ
ਕਿਰਪਾ ਕਰਕੇ ਕਿਸੇ ਕੋਲੋਂ ਇਸ ਦਾ ਉਲੇਖਾ ਕਰਵਾਓ।

INFORMACIÓN IMPORTANTE
Busque alguien que le traduzca.

اطلاعات مهم و سودمند
لطفاً از یک نفر بخواهید که برای شما ترجمه کند

ITO AY MAHALAGANG IMPORMASYON
Isalin sa wikang tagalog kung hindi maintindihan

يرجى ترجمة هذا
معلومات هامة

ВАЖНАЯ ИНФОРМАЦИЯ
Переведите это, пожалуйста.

CONSENT TO PARTICIPATE IN ACTIVITY(IES) AND ACKNOWLEDGMENT OF RISK FORM

To the Parent(s) of: _____ Grade _____ School _____

Please read the contents of this Consent To Participate In Activity(ies) And Acknowledgement Of Risk Form. If you have any questions or concerns, please contact the District's IE Office before signing this form. If this form is not signed and returned to the school by the activity's registration deadline, your child **WILL NOT BE ALLOWED TO ATTEND** the activity(ies) listed below

PROGRAM/ACTIVITY INFORMATION

DESTINATION/ACTIVITY: TOFINO TRIP on MAY 10-12, 2019: activities include whale watching, hiking, sightseeing, beach bonfire, optional beginners surfing

PURPOSE OR EDUCATIONAL GOAL(S): Cultural activities for international students and/or entertainment

METHOD OF TRANSPORTATION: School District contracted bus or public transportation

SUPERVISION: School District approved supervisor

TOTAL NO. OF SUPERVISORS PLANNED: 1 adult to 8 students

COST TO THE STUDENT: Starts at \$540 (optional surfing activity \$85 – must be pre-booked)

BOARD RESPONSIBILITIES

The Board of Education will make every reasonable effort to ensure or ascertain that:

- The staff, volunteers and/or service providers involved are suitably trained and qualified.
- The students are adequately supervised over all aspects of the program/activity.
- The location(s) used are appropriate and safe for the activity(ies) and group.
- Equipment used has been inspected and deemed appropriate and safe.
- A Safety Plan is in place to identify and manage known potential risks.
- An Emergency Plan is in place to deal with an injury or illness to any of the students.

POTENTIAL KNOWN RISKS

Potential known risks include the following (depending on activity):

Injury from whale watching, surfing or hiking; falling from ferry

Additional Comments/Requirements: Students will be supervised. Lifejackets on board whale watching boat.



CONSENT AND ACKNOWLEDGEMENT OF RISK

Destination/Activity/Program as checked above:

1. I accept the mode of transportation for the activity(ies).
2. I acknowledge my right to obtain as much information as I require about this program or activity and associated risks and hazards, including information beyond that provided to me by the school or Board.
3. I freely and voluntarily assume the risks/hazards inherent in the program/activity(ies) and understand and acknowledge that my child may suffer personal and potentially serious injury arising from his/her participation.
4. My child has been informed that he/she is to abide by the rules and regulations, including directions and instructions from the school’s and/or service provider’s administrators, instructors, and supervisors over all phases of the program/activity(ies).
5. In the event that my child fails to abide by these rules and regulations, disciplinary action may require his/her exclusion from further participation, or that I be contacted to have him/her picked up, unless I have specified other transport arrangements and I will be responsible for costs associated.
6. I acknowledge that it is my duty to advise the Lead Supervisor of any medical and/or health concerns of my child that may affect his/her participation.
7. I acknowledge that the Board may choose to cancel the trip if travel conditions are deemed unsafe (e.g., weather, health advisory, security). I accept that the Board will not be liable for any costs associated with such a cancellation.
8. I acknowledge that the trip supervisors may secure transport to emergency medical services as they deem necessary for my child’s immediate health and safety, and that I shall be financially responsible for such services.
9. Based on my understanding, acknowledgement, and consents as described herein:

Name of Student: _____ Date of Birth: _____ has my permission to participate in the activity(ies) as checked above.

Date: _____ Legal Parent’s Name (*Please Print*): _____

Legal Parent’s Signature: _____
(CANNOT BE SIGNED BY CUSTODIAN NOR HOMESTAY)

Legal Parent’s Contact Number(s): _____

Legal Parent’s Email: _____

Personal information contained on this form is collected under the authority of the School Act, for the purpose of participating in school activities. During this trip we will be taking photos/video of international students for promotional purposes. The students will not be identified in the photos/video. By signing this form you are allowing us to publish these photos/video, including on the internet. If you have any questions about this form, please contact the International Education Office.

International Student Program

PLEASE HAND THIS FORM TO YOUR LIAISON.

E-mail: international@burnabyschools.ca

Telephone: 604-296-6903

(Tofino May 2019 trip)

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BOARD OF EDUCATION
BURNABY
SCHOOL DISTRICT 41

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ВАЖНАЯ ИНФОРМАЦИЯ
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CONSENT OF PARENT AND ACKNOWLEDGEMENT OF RISK FORM B (Higher Care Trip)

OFF-SITE EXPERIENCE EMERGENCY MEDICAL INFORMATION (Write below or attach a separate page if more space is needed)

Student Name: _____ Birth Date: _____

BC Medical Services Plan Personal Health No.: _____ Student Accident Insurance yes no
GuardMe Insurance No.: _____ Extended Insurance Plan & No.: _____

Allergies (e.g., specific drugs, certain foods, insect stings, hay fever) Specify _____

Reaction(s) to above? _____

Carries Epi pen? yes no Carries Ana Kit? yes no

Medical/physical conditions that may affect participation in the stated program/activity (e.g. recent illness or injury, recent hospitalization or surgery, chronic conditions, phobias, etc.) Be specific: _____

Specify the condition(s) and requirements for program modification or specific activities your child should not participate in: _____

Medication(s) taken at this time (name, reason, dosage, storage, potential side effects/treatment of such): _____

Other Health/Medical/Dietary Concerns: _____

Emergency Contacts: **(Homestay/Local Custodian)**

1) _____ Phone: _____ Work: _____ Cell: _____

2) _____ Phone: _____ Work: _____ Cell: _____

Name of Physician _____ Phone: _____

LEGAL PARENT is filling out and signing this form (NOT HOMESTAY NOR CUSTODIAN):

Name (please print) _____ Signature _____

PLEASE HAND THIS FORM TO YOUR LIAISON

Medical Information Form for Pacific Surf School

This form must be completed before your participate in any activities offered by Pacific Surf School.

Disclosures made on this form and all information is completely confidential.

Please Print

Name: _____

Please list any/all conditions that may affect your ability to participate in the program you have registered for (if any please give a brief description):

- Heart disease _____
- Psychological (phobias) _____
- Physical conditions _____
- Other _____

Please list any medications both prescription and non-prescription that you are currently taking, or, will be bringing with you on your program and the reason it is taken:

What was the date of your last Tetanus inoculation or booster?	Month:	Year:
Do you have any known allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please describe what causes reaction and list any medication taken		

NAME & NUMBER OF PERSON TO CALL IN CASE OF AN EMERGENCY:				
1 st Choice Name:			Relationship:	
Cell/Home Phone:	Area Code:	Number:	Best time to reach at this #:	
Work Phone:	Area Code:	Number:	Best time to reach at this #:	

Please Turn the page:

**FOR PARTICIPANTS UNDER THE AGE OF 19 yrs
 CONSENT FOR MEDICAL TREATMENT OF AN UNDERAGE PARTICIPANT:**

Name of Activity:	Date of Activity:	Care Card #:
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In case of the participant being under the age of nineteen (19) in the Province of British Columbia or under the age of responsibility elsewhere, I hereby give permission to an Activity representative of Pacific Surf School.
 To arrange for any medical treatment required by my child or ward while he/she is under the care of the Pacific Surf School during the program named above.

 Parent/Legal Guardian
 Signature

 Date

 Participant's Name

I have completed this medical form, accurately, and truthfully, to the best of my knowledge. I understand that any injury or illness that is aggravated by, or a result of my participation in this program and any evacuation cost arising thereof, is solely my own responsibility and I hereby release Pacific Surf School its directors, management, employees, and associates from any further claims I might make against them. I understand that it is my responsibility to inform Pacific Surf School before my Activity begins, of any medical conditions that have arisen after filling out this form.

Signed this _____ day of _____, 20____.

 Participant's Signature
 Signature

 Witness Signature

 Parent or Guardian

SURFING AND WATER SPORT INSTRUCTION

RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT

(hereinafter referred to as the "Release Agreement")

**BY SIGNING THIS DOCUMENT YOU WILL WAIVE OR GIVE UP CERTAIN LEGAL RIGHTS,
INCLUDING THE RIGHT TO SUE OR CLAIM COMPENSATION FOLLOWING AN ACCIDENT**

PLEASE READ CAREFULLY!

SIGNATURE OF PARTICIPANT

Name	Last	First	Middle Initial
Address	Street		
	City	Prov./State	Postal/ZipCode

TO: JB PACIFIC SURF SCHOOL, INC., PACIFIC STORM RENTALS, INC., HER MAJESTY THE QUEEN IN THE RIGHT OF THE PROVINCE OF BRITISH COLUMBIA and their respective directors, officers, employees, agents, representatives, independent contractors, subcontractors, suppliers, sponsors, successors and assigns (all of whom are hereinafter referred as "the Releasees").

DEFINITION

In this Release Agreement the term "Activities" shall mean all activities, events or services provided, arranged, organized, conducted, sponsored or authorized by the Releasees, including but not limited to: surfing, skimboarding, bodyboarding; orientation, instructional courses and sessions; all transport and accommodation related thereto, and rental of related equipment including but not limited to surfboards, skimboards, bodyboards, wet suits, gloves, booties, hoods, leashes, swim fins, roof racks or equipment straps (collectively the "Equipment");.

ASSUMPTION OF RISKS

I am aware that participation in the Activities involves many risks, including but not limited to: Choice of surfing or other Activity course, changing weather, surf, tidal or ocean current conditions; impact or collision with surfboard or other water-based conveyances, other persons, ocean bottom, hidden and/or submerged obstacles such as rocks or coral reefs; slippery terrain; prolonged exposure to cold water, solar radiation, dehydration, hypothermia; drowning; exposure to poisonous and/or carnivorous sea life; the failure to perform any physical activity associated with the Activities safely or within one's own ability or within designated areas, negligence of other persons; water quality; failure or breakage of the Equipment; mental distress from exposure to any one of the above, and **NEGLIGENCE ON THE PART OF THE RELEASEES, INCLUDING THE FAILURE ON THE PART OF THE RELEASEES TO TAKE REASONABLE STEPS TO SAFEGUARD OR PROTECT ME FROM THE RISKS, DANGERS AND HAZARDS REFERRED TO ABOVE.** The risks, dangers, and hazards referred to above may exist throughout the area(s) where the Activities are conducted and any adjacent ocean area and many are unmarked. THE UNDERSIGNED ACKNOWLEDGE AND UNDERSTAND THAT THE DESCRIPTION OF THE RISKS LISTED ABOVE IS NOT COMPLETE AND THAT PARTICIPATING IN THE ACTIVITIES MAY BE DANGEROUS AND MAY INCLUDE OTHER RISKS.

I AM AWARE OF THE RISKS, DANGERS AND HAZARDS ASSOCIATED WITH THE ACTIVITIES AND I FREELY ACCEPT AND FULLY ASSUME ALL SUCH RISKS, DANGERS AND HAZARDS AND THE POSSIBILITY OF PERSONAL INJURY, DEATH, PROPERTY DAMAGE OR LOSS RESULTING THEREFROM.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

In consideration of the RELEASEES agreeing to my participation in the Activities and permitting my use of their services, equipment and other facilities, and for other good and valuable consideration, the receipt and sufficiency of which is acknowledged, I hereby agree as follows:

1. TO WAIVE ANY AND ALL CLAIMS that I have or may in the future have against the RELEASEES AND TO RELEASE THE RELEASEES from any and all liability for any loss, damage, expense or injury, including death, that I may suffer or that my next of kin may suffer, as a result of my participation in the Activities, DUE TO ANY CAUSE WHATSOEVER, INCLUDING NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE, INCLUDING ANY DUTY OF CARE OWED UNDER THE OCCUPIERS LIABILITY ACT, ON THE PART OF THE RELEASEES, AND FURTHER INCLUDING THE FAILURE ON THE PART OF THE RELEASEES TO SAFEGUARD OR PROTECT ME FROM THE RISKS, DANGERS AND HAZARDS OF PARTICIPATING IN THE ACTIVITIES REFERRED TO ABOVE;
2. TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES for any and all liability for any property damage, loss or personal injury to any third party resulting from my participation in the Activities;
3. This Release Agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives, in the event of my death or incapacity;
4. This Release Agreement and any rights, duties and obligations as between the parties hereto shall be governed by and interpreted solely in accordance with the laws of the Province of British Columbia and jurisdiction and venue for any legal proceedings related to this Release Agreement shall be solely within the Courts of British Columbia.

In entering into this Release Agreement I am not relying on any oral or written representations or statements made by the Releasees with respect to the safety of the Activities, other than what is set forth in this Release Agreement.

I CONFIRM THAT I HAVE READ AND UNDERSTOOD THIS RELEASE AGREEMENT PRIOR TO SIGNING IT, AND I AM AWARE THAT BY SIGNING THIS RELEASE AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS, ASSIGNS AND REPRESENTATIVES MAY HAVE AGAINST THE RELEASEES.

Signed this _____ day of _____, 20_____.

Signature of Witness	Signature of Participant	Signature of Participant
Please print name clearly	Please print name clearly	Please print name clearly
Signature of Guardian if under age of majority	Signature of Participant	Signature of Participant
Please print name clearly	Please print name clearly	Please print name clearly

TOFINO 3-DAY TOUR

Dear Parent and Student,

All SD41 International Students are invited to join us on this scenic, fun-filled Tofino trip in May. Please carefully review this and the attached information and forms prior to signing up.

Date: **May 10 - 12, 2019**

Pick-Up: May 10, 7:30 am, Burnaby South (Michael J. Fox Theater)

Return: May 12, 9:30 pm, at Burnaby

Fee: **\$540** (tax included, non-refundable) + **\$85** optional surf lesson
(must be pre-booked)

DEADLINE to REGISTER AND PAY:

Friday, April 10, 2019

Space is limited

Forms

All forms **MUST be signed by the LEGAL PARENT**, NOT the custodian NOR the homestay. Fax or email copy is acceptable. Please get the forms from your Liaison or go to our website at www.studyinburnaby.ca/forms and click Excursions:

PAPER FORM

1. Consent to Participate in Activity(ies) and Acknowledgement of Risk Form (**Consent 1**)
2. Consent of Parent and Acknowledgement of Risk Form B (**Consent 2**)
3. West Coast Aquatic Safaris Whale Watching (**Consent 3**)
4. Pacific Surf Co. (**if choose surfing option**)
5. Pacific Surf Co. Medical (**if choose surfing option**)

ONLINE:

1. Discover Canada Tours waiver
2. Discover Canada Tours Registration form

Student Safety

Students attending this trip will be supervised by School District approved adult supervisors. In case of an emergency, the custodial guardian will be contacted to have the student picked up from the tour site, unless the student's parent(s) have specified other transport arrangements and are willing to pay for such costs.

Signing Up for the Trip

We need a minimum of 20 students to sign up in order to be able to go. No one is guaranteed a spot until all forms and payments have been received. Space may fill up before the final deadline.

Please complete the online registration along with payment. And return the consent forms **(1, 2, 3 along with Surfing forms if you choose surfing)** to your Liaison Teacher **by noon April 10, 2019 at the latest**. *Please note: the trip may fill up before that date/time.* Your Liaison will only be able to confirm your registration once you have submitted all signed forms and registered online.

Fee: **\$540/\$625** (Method of payment: credit card directly online)

YOU ARE REGISTERED WHEN YOU HAVE HANDED IN ALL THE CAREFULLY COMPLETED FORMS AND PAID THE FEE TO YOUR LIAISON BEFORE THE DEADLINE.

If you have any further questions, please see your school's International Liaison(s):

Alpha: Ms. Borders

B. North: Mr. Archibald, Ms. Teng-Davis

Cariboo Hill: Ms. L Moore

Moscrop: Ms. Brown

B. Central: Ms. Eng

B. Mountain: Ms. DeMelo, Ms. Haywood

B. South: Ms. Lai

Byrne Creek: Ms. Fujiki

☺ HOPE TO SEE YOU ON MAY 10, 2019 ☺

TOFINO 3-DAY TOUR



Tour Highlights:

- Little Qualicum Falls - Hike along impressive waterfalls in a beautiful forest setting
- Cathedral Grove - Stare in awe at the giant cedar trees
- Wild Pacific Trail - Hike the Pacific sands of this surfer's paradise
- Tofino - Visit the famous fishing town of Tofino and experience the rich culture of the First Nations people
- Coombs - Discover this crazy market where goats live on the roof
- **Optional activity**—*Beginners' Surfing (must be pre-booked)*

Tour Includes:

- 2 nights' accommodation
- Whale Watching Tour (Zodiac boat)
- 2 Breakfasts & 1 BBQ dinner
- Round trip ferry transportation through the beautiful Gulf Islands
- Round trip bus transportation from Burnaby
- Sightseeing tours through some of most stunning scenery on Vancouver Island with a very knowledgeable and fun tour guide
- Beach bonfire and marshmallow roast (weather, fire restrictions & season permitted)



This participation agreement must be signed (with no alterations) by each person fishing or participating in any West Coast Aquatic Safaris activity. For any participant under 19 years of age the consent must be signed in advance by a parent or legal guardian and presented to West Coast Safaris upon arrival.

TOUR TYPE: _____ TOUR TIME: _____ TOUR DATE: _____

EMPLOYEE INITIALS: _____

Your signature on this form indicates you accept the conditions outlined below and understand the risk inherent in these activities. You also acknowledge that you have read this document at your leisure and have had adequate time to decide whether to participate in these activities.

I, THE UNDERSIGNED, on behalf of myself, my heirs, executors, administrator and assigns, in consideration of West Coast Aquatic Safaris Ltd. (the "Company"), permitting me to participate in their ecotourism adventures, do hereby release and forever discharge the Company and its agents, servants, directors and employees, from all manner of actions, causes of action, suits, debts, contracts, claims, and demands whatsoever, which I now have, shall or may have in the future for or by reason of any cause, matter or thing, including negligence on the part of the Company, its agents, servants, directors and employees.
I AM AWARE of and understand the risk, hazards and dangers inherent in an ecotourism adventure, which include but are not limited to the possibility of personal injury, death, property damage or loss resulting therefrom, and travel to and from the location of operation. For the purpose of this waiver, "ecotourism adventure" includes all of my activities on and off the vessel such as, without limiting the generality of the foregoing, fishing, hiking, climbing, swimming, camping, rock rappelling, and all other activities which I may participate in. Notwithstanding inherent risk, hazards, and dangers, I request the Company to allow me to participate in their ecotourism adventure and related activities, and hereby agree to assume all risk involved in engaging in such activities, including travel to and from the locations of operation.
I HEREBY WARRANT that I am in good physical and mental health and that i have not consumed, nor will consume, any alcoholic beverages or any other substances, including prescription and non-prescription drugs, which would impair my senses, while participating in the fishing and ecotourism adventure.
I HEREBY ACKNOWLEDGE that I have read this Agreement at my leisure and understand that it is full and final release and waiver of all my claims for damages or injuries sustained as a result of my activities with the Company, and that I am signing this Agreement voluntarily knowing full well that I am releasing and forever discharging the Company and its agents, servants, directors and employees of all liability for all losses and damages that I may sustain.

1. First Name _____ Last Name _____

Participant/Guardian Signature _____

2. First Name _____ Last Name _____

Participant/Guardian Signature _____

3. First Name _____ Last Name _____

Participant/Guardian Signature _____

4. First Name _____ Last Name _____

Participant/Guardian Signature _____

5. First Name _____ Last Name _____

Participant/Guardian Signature _____