

# Skipper Course

## Big Canoe Skills - Intermediate



VANCOUVER ISLAND REGION  
kleming@isparc.ca

## Comox Valley

### Comox Marina Outdoor Pavilion

1805 Beaufort Ave., Comox, BC

June 17 & 18  
8:30am – 4:00pm

*Fees covered if registering via I-SPARC*

Learn to lead a big canoe with a novice crew. People that take this course will be interested or participating in Canoe Guiding, Summer Camp Staff, Cultural / Tribal Journeys, Brigades & Community Clubs. This is a hands on, interactive course and skills gained will include: Paddling in a straight line, turns, docking, with and without the help of your crew, crew commands and leading skills including rescue.

Big canoe safety, paddling with other big canoes, and what to expect from novice paddlers. Also including packing for a trip, trim and balance of a canoe and how to work together.

***Please be prepared to be outdoors on the water. Bring a lunch, snacks, water bottle, change of dry clothes and sunscreen.***

Sport can foster better health conditions, social skills, and community healing. Coaching & supporting Indigenous youth in Indigenous communities provides the coach with opportunities for personal growth and development. as well vouth and community development.

### Registration Information & Contact

Kim Leming | 250.388.5522 ext. 241 | [kleming@isparc.ca](mailto:kleming@isparc.ca)

Online Registration:

<https://aboriginalsportbc.wufoo.eu/forms/rl6yhh51at9ped/>



**Indigenous Sport, Physical  
Activity & Recreation Council**

# Indigenous Sport, Physical Activity and Recreation Council

## ASSUMPTION OF RISK AND INFORMED PHOTO RELEASE CONSENT FOR SKIPPERS TRAINING PARTICIPANTS

This section must be completed by all program participants over the age of 18, or by the parents/legal guardians of participants aged 18 or under. Please read and complete the information presented below.

### ASSUMPTION OF RISK

Please check off one of the following:

- As a participant over the age of 18, I understand and acknowledge the following:
- As a parent/legal guardian of a participant aged 18 or under, I understand and acknowledge the following:

In consideration of my participation, or my child's participation in this program and all of its related activities, I acknowledge and I am aware of, appreciate, and accept the inherent physical risks and the other possible RISKS, DANGERS, AND HAZARDS associated with participating in this program. This includes the possible risk of severe or fatal injury to me, my child or others. I understand that the inherent risks of sport and physical activity cannot be eliminated without jeopardizing the essential qualities of sport and physical activity. I have reviewed all of these risks, I understand them, and I still desire to participate in the program.

### ACKNOWLEDGEMENT OF RESPONSIBILITIES AND CONDITION OF REGISTRATION

Please check off one of the following:

- As a participant over the age of 18, I understand and acknowledge the following:
- As a parent/legal guardian of a participant aged 18 or under, I understand and acknowledge the following:

1. I/my child will follow all the instructions and rules given by those responsible for, or, in charge of this program and all of its related activities while I am/my child is participating in this program. I understand and accept that the instructions and rules are in place to provide a safe environment for the entire program and participants.
2. I/my child will obey all the rules and regulations pertaining to this program and all of its related activities.
3. To the best of my knowledge I am/my child is physically and mentally able to participate in all activities of this program.
4. I/my child will wear full protective equipment demanded by the activity and that the equipment brought to the program meets or exceeds all minimal CSA or sport governing body standards.
5. If an injury occurs, I give permission to Partners Council staff and/or adult leader in charge to provide emergency first aid treatment and transport or arrange emergency transportation for me/my child to a medical facility for emergency treatment.

**COMMUNICATION, MEDIA RELEASE AND PRIVACY OF INFORMATION:**

I hereby grant to the Partners Council, BC Aboriginal Association of Friendship Centres (BCAAFC), or affiliated bodies the right to use, without payment of any fee or charge, any written information (excluding information contained on a Medical Form), photograph, video, or other visual media of myself/my child, or program participant taken during the program activities for the purpose of furthering the Partners Council or BCAAFC objectives.

I understand that the Partners Council and BCAAFC respect the privacy and personal information of all participants and that they will collect a limited amount of personal information for the purpose of carrying out their responsibilities as a facilitator of sport, recreation and physical activity programs. I am consenting to the collection of this information and its use by the Partners Council and BCAAFC for the purposes related to various events/programs throughout the year and to communicate to me about future events and activities.

**FOR PARTICIPANTS OVER THE AGE OF 18 ONLY**

I agree to **HOLD HARMLESS AND INDEMNIFY** the BCAAFC, as the host organization of the Partners Council, the organizers and/or its agents from any and all actions, claims, demands, losses, judgments or costs of any nature to any third party resulting from my association with the BCAAFC and Partners Council sanctioned event and I agree not to make any claims or take any proceedings against any person, society, corporation or other legal entity who might claim contribution or indemnity from BCAAFC, the organizers and/or its agents in respect of matters which are subject of this Release. I agree that this Release shall bind my heirs, executors, administrators and assigns.

**Participants Initials:** \_\_\_\_\_  
*(Please type initials in the space provided)*

**I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THIS AGREEMENT**, that I understand, appreciate and accept the risks associated with my participation or my child's participation in this program and all of its related activities.

**Participant's Name**

**Parent/Legal Guardian's Name**

\_\_\_\_\_  
*(Please type name in the space provided)*

\_\_\_\_\_  
*(Please type name in the space provided)*

**Date:** \_\_\_\_\_  
*(Please type date in the space provided)*

**Participant's Location (city, town, community):** \_\_\_\_\_  
*(Please type location where you are completing this form in the space provided)*



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