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EXPERIENCEMOMENTA.COM

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June 16, 2022

Hello,

You have been invited to participate in The Mac Trek! The Mac Trek offers free canoe trips for youth in and from care to commemorate Mac (1998-2015). Mac was a young man who showed immense compassion and shared a positive attitude with everyone he met. To carry his spirit forward, we will be hosting canoe trips (led by Momenta, [experiencemomenta.com](http://experiencemomenta.com)) where young people can find a connection to the outdoors, and friendship.



This year, The Mac Trek will take place over two session options. Each participant is encouraged to sign up for one of the following date options.

- 2 days: July 14<sup>th</sup> & July 15<sup>th</sup>, 2022
- 3 days: August 16<sup>th</sup> – 18<sup>th</sup>, 2022

There are **7 spots available each day** for youth participants **10 - 18 years old, who are in care or have been in care**. The canoeing day trips will take place at La Barriere Park (La Salle, MB). These are day trips (not overnight) and will require daily transportation to and from the program location.

The program will be facilitated by Momenta. Momenta Inc's mission is to create experiences that discover strengths and foster growth. Momenta staff have a wealth of experience teaching a variety of outdoor skills. Each day there will be instructors who hold Paddle Canada Canoeing Certifications and come with extensive canoeing experience.

Momenta has five expectations that staff, and participants will be expected to follow:

**Have fun | Take care of each other | Be respectful | Join in | Be safe**

At Momenta, we follow all public health policies as set out by the Province of Manitoba. We would ask that if your child has cold or flu symptoms on the day of the program that they do not attend that day.

If you would like to participate, please fill out the attached forms and return to Oliver Hill via mail, fax, or email to the following:

984 Portage Ave. Winnipeg, MB R3G 0R6.

FAX: (431) 570-0727

[oliver@experiencemomenta.com](mailto:oliver@experiencemomenta.com)

If you have any questions, please contact Oliver at [oliver@experiencemomenta.com](mailto:oliver@experiencemomenta.com) or 204-808-9722 ext. 102.



[EXPERIENCEMOMENTA.COM](http://EXPERIENCEMOMENTA.COM)

## Participant Information Sheet

Program Name: The Mac Trek 2022		Date:	
Participant Name		Age	
Gender/Pronoun		DOB	
Address		Email	
Guardian name (if participant is a minor)		Phone	
Emergency Contact/Relationship		Phone	
Manitoba Health number		School	
1. Does the participant have any medical diagnoses or concerns?		Yes	No
2. Does the participant have any behavioural diagnoses or concerns?		Yes	No
3. Does the participant have allergies or dietary restrictions?		Yes	No
4. Does the participant take prescription or non-prescription medication during the timeframe of the program?		Yes	No
<b><u>If you answered yes to any of the above questions please attach a sheet with relevant details.</u></b>			

While participating in Momenta programming, you will have access to borrow and utilize gear that will help you enjoy your outdoor experiences while at the program. In order to best prepare for your use of Momenta gear, we ask that you share with us the following information:

Shoe size: \_\_\_\_\_ Shirt size: \_\_\_\_\_ Pant size: \_\_\_\_\_

Please check off the session that you are interested in attending:

- 2 days: July 14<sup>th</sup> & 15<sup>th</sup> (11am – 4pm each day)
- 3 days: August 16<sup>th</sup> – 18<sup>th</sup> (11am – 4pm each day)



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## WAIVER AND RELEASE OF LIABILITY

1. I agree to permit the use of photographs or videos in which my child or myself appears in any MOMENTA or VOICES publication including posting on the internet. Yes \_\_\_\_\_ No \_\_\_\_\_

2. I agree to permit information about my child or myself to be used in collecting non-identifiable data for program evaluation and research. Yes \_\_\_\_\_ No \_\_\_\_\_

3. In consideration of being allowed to participate in any way in MOMENTA experience discover grow's athletic/ sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown physical and legal, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation. I knowingly waive my right to bring any legal action for any injuries I may suffer as a result of my participation in the above activity; and, I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.

This is to certify that I, as the guardian with legal responsibility for this participant, or the participant myself do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my minor child's involvement or participation or my involvement or participation in these programs as provided above.

By my signature, I attest all information on this form is complete, thorough and truthful.

Guardian/participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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## POLICY ACKNOWLEDGEMENT AND CONSENT

I, the undersigned, declare that I have read, understand, and fully agree to Momenta's safety and wellness policies, and therefore acknowledge the following provisions:

- a. Momenta staff do not carry medication during urban based programs; in cases where programs take place 30 minutes or more from a hospital, one EpiPen and antihistamine will be carried and may be administered by staff in cases of a suspected life-threatening allergic reaction.
- b. In cases of injury, illness, or accident, I hereby give consent to provide the participant with first-aid care and/or emergency transport to a medical facility. I understand that in the event of hospitalization I will be contacted first, and if I am not available the emergency contact provided by me will be contacted.
- c. I acknowledge that the participant's inclusion in Momenta's program should contribute to an environment where others can find success, and in cases where their behaviour is harmful to themselves, other participants, or staff, I will be contacted to pick them up; in my absence, the emergency contact provided will be contacted to the same end. I understand that in these cases, a plan will be made to return the participant successfully to the program, and I agree to follow the plan set out by Momenta's directors and staff.
- d. Momenta's programs do not provide one-on-one supervision. I confirm that the participant can participate in group programming without one-on-one supervision or support.

Participant's name: \_\_\_\_\_

Guardian's name: \_\_\_\_\_

Guardian's signature: \_\_\_\_\_

Date: \_\_\_\_\_

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