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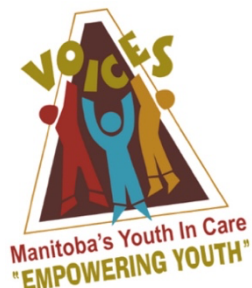
EXPERIENCEMOMENTA.COM

P/ 204.808.9722 F/ 431.570.0727



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) where young people can find a connection to the outdoors, and friendship.



When? Tuesday, August 15 – Friday, August 18, 2023. 11am – 4pm each day.

Who? Youth ages 10 – 17 years old who are currently in or have been in care. There are 9 spots available for youth each day of the week.

Where? La Barriere Park (La Salle, MB) along the La Salle River. Transportation is *not* provided by Momenta. Participants will need transportation to and from La Barriere Park each day.

DURING THE PROGRAM YOUTH WILL:

- Learn how to properly paddle a canoe with a canoeing partner.
- Develop relationships to the land & to each other.
- Play group games and enjoy a lunch provided by Momenta.

As participants develop technical outdoor skills, they also develop the pro-social skills, communication, and interpersonal skills necessary to overcome challenges within a group and learn about themselves, others, and place. Momenta's team of experiential educators facilitate activities and discussions, so the lessons learned during programs transfer to their everyday lives. Momenta believes in the positive change that can come from being outdoors, challenging oneself, and working within a community. Our programs are designed with the highest level of physical and emotional safety in mind. 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

If you are interested in participating, please complete all attached forms and return to Momenta's Director of Programs, Oliver Hill, **by Monday, June 26th** via mail, fax, or email to the following:

984 Portage Ave. Winnipeg, MB R3G 0R6
FAX: (431) 570-0727
oliver@experiencemomenta.com

Mac Trek Registration Information

Participants Name: _____

Age: _____

1. Please select all dates that you would like to attend the Mac Trek:

- ☐ The entire week: Tuesday, August 15 – Friday, August 18, 2023.
- ☐ One or more days of the Mac Trek:
 - ☐ Tuesday, August 15
 - ☐ Wednesday, August 16
 - ☐ Thursday, August 17
 - ☐ Friday, August 18

2. Will the registered participant have transportation to and from camp each day?

- ☐ Yes
- ☐ No

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

Shoe size: _____ Shirt size: _____ Pant size: _____



[EXPERIENCEMOMENTA.COM](https://www.experiencemomenta.com)

PARTICIPANT INFORMATION

PROGRAM NAME:

DATE:

Participant Name _____ Age _____

Pronouns _____ Birth Date _____

Address _____

Contact Email _____

Manitoba Health number _____ School _____

CAREGIVER #1

Name _____ Phone _____

Relationship to Participant _____ Emergency Contact? ☐ Yes ☐ No

CAREGIVER #2

Name _____ Phone _____

Relationship to Participant _____ Emergency Contact? ☐ Yes ☐ No

CAREGIVER #3

Name _____ Phone _____

Relationship to Participant _____ Emergency Contact? ☐ Yes ☐ No

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
5. Is there anything additional you'd like to share that will help us best support the participant?

If you answered yes to any of the above questions please attach a sheet with relevant details.

PARTICIPANT NAME: _____

PARTICIPANT SIGNATURE: _____

GUARDIAN NAME (IF UNDER 18): _____

GUARDIAN SIGNATURE: _____

DATE: _____



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 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.**

PARTICIPANT NAME: _____

PARTICIPANT SIGNATURE: _____

GUARDIAN NAME (IF UNDER 18): _____

GUARDIAN SIGNATURE: _____

DATE: _____



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.

**BY MY SIGNATURE, I ATTEST ALL INFORMATION ON
THIS FORM IS COMPLETE, THOROUGH AND TRUTHFUL.**

PARTICIPANT NAME: _____

PARTICIPANT SIGNATURE: _____

GUARDIAN NAME (IF UNDER 18): _____

GUARDIAN SIGNATURE: _____

DATE: _____

