

## STATEMENT OF UNDERSTANDING

### Assumption of Risk

Please read this document carefully and sign once completed. All participants must have signed and returned the Assumption of Risk form prior to arriving in camp. This form should be returned to Wendigo Lake Expeditions along with the Medical form two weeks prior to camp starting.

### Medical Form

Please complete the enclosed medical form. Please note that if there is a "yes" checked off in Section C of the Medical form, the family physician must sign off on the medical form prior to it being returned to Wendigo Lake Expeditions. All students must come to camp with all medications needed for the duration of their stay.

### Medical Needs

There is a nurse on staff 3-4 days/week, year long at Wendigo Lake Expeditions. WLE is also close to Algonquin Health Services (emergency walk-in clinic), North Bay Hospital, and Huntsville Memorial Hospital. There is also Air Ambulance Services available on an emergency basis.

### Canoe Trips

All of WLE's tripping staff take part in a mandatory two week intensive pre-summer training. All of the canoe trip staff have been certified, at a minimum, in Standard First Aid, CPR, and have obtained a Bronze Cross swimming certification.

### Drugs, Alcohol and Smoking

WLE does not tolerate the use of non-prescription drugs, alcohol or smoking by any campers. If any camper is found smoking, consuming alcohol, and/or possessing non-prescription drugs, a phone call to the parent/guardian will occur and the camper risks being sent home with no refund.

### Additional Behavioural Issues

The staff at WLE are experienced in dealing with everyday behavioural issues with campers. As a participant everyone is expected to follow directions given by the instructors in order to allow everyone on the trip to enjoy their experience. If the participant is unable to follow the expectations given by the instructors, and their lack of respect is interfering or affecting others and/or their enjoyment of the trip, the participant risks being sent home with no refund.

**I have read and understood all of the above information and understand WLE's policy on Drugs, Alcohol, and Smoking.**

Name of Participant (Print) \_\_\_\_\_

Signature of Participant \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian, I have read the Statement of Understanding with my child and understand the Policy on Drugs, Alcohol, and Smoking.

Name of Parent/Guardian (Print) \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

**ACHIEVE**  
Training & Development

**EVALUATION FORM**

8. Please take the time to share with us some of your impressions of the course. The format is open ended, but here are some areas you may want to consider as you write.

- Overall post course impression
- Effect the course may have on you when you go home
- Specific learning moments
- Personal highs and lows during this course
- Things you learned about yourself, others, the group

---

Please evaluate the instructions using the following scale:

1 - poor      2 - below average      3 - average      4 - good      5 - excellent

Instructors: \_\_\_\_\_

Presented material clearly	1	2	3	4	5
Demonstrated confidence and enthusiasm	1	2	3	4	5
Demonstrated knowledge of subject	1	2	3	4	5
Provided opportunity for questions/discussions	1	2	3	4	5
Spoke with sufficient volume and clarity	1	2	3	4	5

Were your instructors effective in the following areas?

Teaching style	YES	NO	_____
Organization	YES	NO	_____
Communication	YES	NO	_____
Leadership style	YES	NO	_____
Safety	YES	NO	_____

What do you consider to be the instructor's most positive features?

Are there any areas in which the instructors could improve?