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**Fall**

Youth Travel Package

August 2019

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# Welcome!

Foundry central office is excited to invite you to join us at [**EVENT]**in **[CITY]**!

On [**DATE],** we will be bringing together members of the Organizational Governance-Youth Advisory Committee (OG-YAC), the Provincial Family Ambassadors (PFA), and those supporting youth and family engagement at Foundry centres across B.C. This event is focused on creating opportunities for connection, professional development, and relationship building across the provincial Foundry network.

A note on self-care: At **[EVENT**], a variety of workshop topics and opportunities to participate and engage with one another will be available. We understand that your insights will be informed by your own experiences, and although we welcome your insights, the event is not a space intended to be a support group nor for discussing personal issues.

Please come to **[EVENT]** prepared to learn and collaborate with your peers on topics that matter most to you! We are so excited to have you on board and can’t wait to hear all your incredible ideas and insights!

**If any questions, comments or concerns regarding this travel package arise, please do not hesitate to reach out to:**

**[Name],** Youth Peer Engagement Coordinator

**Foundry Central Office**

E  [Email Address]

# Securing Your Spot

Please take a careful read through the following pages and let us know if you have any questions.

To confirm your attendance and to reserve your spot at [**EVENT**], you need to **complete the following** items before [**DATE]**.

**Sign and return the following documents to [NAME] (EMAIL) by [DATE]**

* 1. Form 1: Acceptance Agreement
  2. Form 2: Waiver
  3. Form 3: Photo & Video Consent
  4. Form 4: Safety Plan

\*\*\* Youth who will be 19 or older on [DATE], can sign and submit the waiver themselves. Youth who will be under 19 years old on [DATE] need to have a parent/guardian sign the waiver

Please submit these forms to: [NAME OF FCO team member] to confirm your attendance. We will be in touch once this has been received with further details you need for the event. Stay tuned!

### Form 1: Acceptance Agreement – [EVENT]

THIS FORM MUST BE COMPLETED, SIGNED, SCANNED/PHOTOGRAPHED, AND RETURNED TO [**FCO team member**] (Email) BY [**DATE**]

**Name:** ­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This agreement is to confirm your intent to attend [EVENT] in [CITY] on [DATE]. This includes the following terms:

1. I agree to attend the [EVENT] on [DATE],
2. I agree to notify Foundry central office (Name) immediately in the event that I can no longer attend [EVENT],
3. I agree to the Foundry Code of Conduct (p. 6). I understand that in the case of violation of the Code of Conduct, Foundry central office has the right to dismissal at any time,
4. I have personally completed the safety documents and feel fit to attend [EVENT].

**Signature of Youth:** ­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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# Code of Conduct

Foundry is committed to creating an environment of respect, inclusion, and safety for everyone.

All attendees are required to adhere to the Code of Conduct at all times during the [EVENT]. The standards of behaviour outlined below apply to all attendees:

* On **[Name of Hotel]** property (**Address**),
* During travel to and from [EVENT].

**Standards of Behavior –** All attendees are expected to:

* Respect and comply with applicable federal, provincial and municipal laws,
* Demonstrate honesty and integrity,
* Respect differences in people, their ideas, and opinions,
* Respect the rights of others including other OG-YAC members, family ambassadors and Foundry staff, and
* Show proper care and regard for [HOTEL] property, and the property of others.

**Alcohol & Marijuana–** If you are 19 or older, you are allowed to consume these substances in British Columbia. If you are staying in the hotel, please follow hotel policy and do not cause a disruption for other hotel guests. Additionally, it is illegal to give these substances to a minor. If you are younger than 19 years old, you are not of legal age in British Columbia. This means you are not legally allowed to consume alcohol and marijuana at [EVENT].

**Social Media –** Please be kind to one another and use social media responsibly.

**Electronic Devices –** Please use electronic devices, including laptops and cellphones, respectfully and in a way that is not disruptive to others.

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# Breach of Code of Conduct

Breaches of the Code of Conduct will be dealt with based on the severity of the breach. In extreme cases, immediate dismissal from [EVENT], and/or involvement of police authority may be required.

# Waiver

## Form 2: Liability Waiver, Assumption of Risks & Responsibility, Photo & Parental Release

THIS FORM MUST BE COMPLETED, SIGNED, SCANNED/PHOTOGRAPHED, AND RETURNED TO **[NAME]** (EMAIL) BY **[DATE].**

**PLEASE READ CAREFULLY**

As I am invited to attend [EVENT] in [CITY] on [DATE], I agree to the following:

**Liability Waiver:** I release and hold harmless Foundry central office, my local Foundry centre, and all Foundry employees from any and all liability for any loss, damage, injury or expense that I or my next of kin may suffer as a result of my attendance and participation at [EVENT] including but not limited to accidents, war, civil unrest, sickness, transportation, scheduling, government restrictions or regulations, and any and all expenses which I may incur while participating at [EVENT].

I further grant my consent for Foundry central office to seek emergency medical treatment on my behalf if deemed necessary.

This waiver is effective for the period of time that I will be participating in [EVENT].

**Assumption of Risks:** I understand that participation in [EVENT] will take me away from home for an extended period of time. During this period, I understand that I will be in unfamiliar surroundings. I am aware that Foundry central office cannot control events occurring outside of the [EVENT] hours. I understand that outside of the [EVENT], I may and will be exposed to risks to my person and possessions that Foundry is **NOT** responsible for. I freely and voluntarily accept and assume all of such risks, dangers and hazards.

**Assumption of Responsibility:** I understand that it is my responsibility to abide by all applicable policies and laws of the host territory, and to ensure that I have adequate medical and accident insurance coverage, as well as protection for my personal possessions. More particularly, I appreciate that Foundry central office does not carry medical or accident insurance for my benefit, and also that there may be certain matters for which I could be held at fault personally if the accompanying circumstances do not relate to or arise from the [EVENT] or if my activities or conduct fall short of what would be considered a reasonable standard for an individual in my position. In these cases, I agree to be accountable in all respects for my own actions and not to ask Foundry central office or its employees to accept the consequences thereof; further, I agree to be responsible for any claims made against Foundry central office in such actions.

I acknowledge that I have been advised by Foundry central office of such risks and dangers as well as the need to act in a responsible manner at all times. My signature below is given freely in order to indicate my understanding of the acceptance of these realities and in consideration of being permitted to participate in the above-mentioned [EVENT].

**Hotel Check-In:** I understand that I will **NOT** be required to provide a credit card at the time of check-in at the hotel. However, I acknowledge that Foundry central office is not responsible for paying any additional charges to the hotel room (including but not limited to room service, and damages). I will make arrangements to cover any additional costs that I acquire during my stay at the hotel.

**I have read this document carefully and acknowledge my responsibilities and the effect of this liability waiver.**

Youth Name: ­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Witness Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Parent Consent – For youth under the age of 19:

I, the parent/ guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, do herby consent my child’s participation in [EVENT]. I have informed myself about the nature of the event, I have read the above information, and I acknowledge that participation in [EVENT] involves the possibility of injury. I am aware of no physical or other reasons why my child should not attend and participate in the [EVENT]. I hereby agree to release Foundry central office, the local Foundry centre in my community, and all Foundry employees and volunteers from any and all claims, demands or causes of action that may arise due to losses or injuries incurred by my child as a result of participation in the [EVENT], other than losses or injuries resulting from the negligence of Foundry central office. I waive any and all rights to make a claim of any nature against Foundry central office and my local Foundry centre due to my child’s participation in the [EVENT].

I grant consent for Foundry central office to seek emergency medical treatment for my child if deemed necessary.

Name of Parent/ Guardian ­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

# Consent and Release for Filming, Recording and Photography

**Form 3: Photography & Videography Consent**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (first and last name), give** **permission** to **Foundry** (the Provincial Health Services Authority and/or Providence Health Care) or persons authorized by them

**to record my picture, voice, likeness, comments, and other personal information** (from now on “**personal information**”) **that they observe or that I give while I am interviewed, photographed, or recorded** (all together “**recordings**”) at [EVENT] (at NAME OF HOTEL) on [DATE].

I understand this personal information may be shared with the public and published in written, visual, video, and/or audio formats. I know that my **participation is voluntary** and that I am free to stop participating at any time without consequence.

I give permission to Foundry to collect, use and share my personal information for the purpose of:

* health information and health promotion
* clinical evaluation
* education
* editorial, public relations, public promotion purposes (including publication worldwide on the internet)

I also consent to my personal information being stored, used, shared with, and accessed by the public, both inside and outside of Canada, for the above purposes.

I am aware that Foundry owns the copyright and all other rights to the recordings and any reproductions. I waive any moral rights that I may have in the material in favor of Foundry.

I know that I will not receive any payment for the recordings.

I understand that my consent does not expire, and the recordings may be kept and used, in whole or in part, by Foundry for an unlimited time.

I know that I can cancel my consent at any time before my recordings are published by contacting Foundry. After my recordings are published, I can still cancel my consent by contacting Foundry and they will remove it from all Foundry social media, foundrybc.ca, Foundry advertisements or reports. However, I understand Foundry may not be able to remove all copies of the recordings after they are shared on the internet and social media.

(The Foundry contacts name, email address and phone number is listed at the bottom of this Consent Form).

I will not hold Foundry responsible or liable for the way the recordings are used including, but not limited to, use in any media activity, broadcast, or other publication worldwide, for any purpose.

Foundry can sublicense or transfer its rights in the recording as long as the material is being used for Foundry.

Foundry may decide not to use the recordings and so, there is no guarantee that the recordings will actually be used.

I specifically agree to the following (check each thing you agree to):

|  |  |
| --- | --- |
| ☐ digital/still photographs | ☐ sound recordings |
| ☐ video recordings | ☐ interview(s) |
| ☐ other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

I give permission for my name to be used with the materials. ☐ **YES** ☐ **NO**

By signing below, I say that I have read, understood and agree to the terms and conditions of this Consent Form.

*If the young person of the* recordings *is under the age of 19, this Consent Form must be signed by the minor’s parent or guardian on their behalf and agreed by the minor.*

**SIGNED AND DELIVERED THIS \_\_\_\_\_\_ DAY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_**

**WHERE THE YOUNG PERSON IS 19 OR OVER:**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| SIGNATURE |  | WITNESS SIGNATURE |
|  |  |  |
| YOUNG PERSON NAME (PLEASE PRINT) |  | WITNESS NAME (PLEASE PRINT) |

**WHERE THE YOUNG PERSON IS UNDER 19:**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| PARENT/GUARDIAN SIGNATURE |  | WITNESS SIGNATURE |
|  |  |  |
| PARENT/GUARDIAN NAME (PLEASE PRINT) |  | WITNESS NAME (PLEASE PRINT) |

**Agreement provided by individual under 19 years old:** ☐ **YES** ☐ **NO**

|  |
| --- |
|  |
| First Name, Last Name of YOUNG PERSON under 19 years old  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE OF YOUNG PERSON under 19 years old |

*Your personal information is being collected under Section 26 (c) and (d) of the Freedom of Information and Protection of Privacy Act for the purposes described above. If you have any questions about the collection of personal information, please contact:*

|  |  |  |
| --- | --- | --- |
| Name of Foundry Staff |  |  |
| First Name, Last Name, and Title | Email | Phone |

# Safety

### Form 4: Safety Plan

For some people, mental health can be hard to talk about – especially if you’ve struggled or had a difficult experience in your life. This is why we believe it is important to take extra caution in making sure the young people who are part of Foundry’s provincial network are ready and able to participate at [EVENT].

Please take some time to complete the following questions. This information will help prepare our team on how best to support you. This safety plan will be kept as part of your registration record for this [EVENT] with Foundry central office.

We ask each young person to confirm that they’ve reflected on their personal wellness and deemed themselves ready and comfortable to travel to and participate. In the event that something comes up for you or you experience a low point while you’re attending, it’s important that we make sure our team is prepared to support you.

Please think about your own experiences with mental health and wellness and answer the questions below to help Foundry central office create a **safe and brave** space for you!

**1.** What supports and/or resources can we make available at the event for you?

**2.** What are some topics that may cause discomfort for you? Is there anything that we can do to lessen this discomfort?

**3.** How would you like our team to support you should you appear to be in distress and/or discomfort? (I.e.: would you like space or a buddy to talk to?) What steps would you want our team to take, if any at all?

**4.** Do you have any dietary and/or accessibility requirements you would like us to know? You do not have to have a formal diagnosis in order for us to make these accommodations. (I.e.: “It is easier for me to participate if breaks are provided/if I can stand rather than sit/etc.)