



Knowlesville Art & Nature Centre
PROUDLY LOCATED IN RURAL NEW BRUNSWICK, CANADA

Re-Wilding for Adults
July 31st - August 1st, 2021
9AM on Saturday -2PM on Sunday
Sliding Scale Cost: \$80-\$110

Program Description: *We are all downstream. Follow the path of water flowing from through field, marsh and forest. Walk with mindfulness and curiosity. Feel your feet on the earth, the cool water of the creek on your skin, the sun on your face. We will bring all we need and create shelter where we create camp for the night. This is a re-wilding experience for those who want to connect deeply with nature & themselves.*

Please fill-in the following details & send back by mail or email:

Name:

Address:

Phone(s):

Email:

Allergies/Dietary Restrictions or Preferences:

Healthcare Number:

Family Doctor:

Doctor phone number:

Medications: Y or N If yes, please list:

Medications usually/occasionally taken not being brought:

First Bush Craft Experience?: Y or N Slept in a Tent before?: Y or N

Emergency Contact (used only in an emergency)

First Name:

Last Name:

Phone #:

Work #:

Cell #:

Relationship to participant :

Additional Information that you wish to include:

Medical Information & Consent Form

1. It is the policy of **Knowlesville Art & Nature Centre** to notify the emergency contact of an adult participant if the participant is ill or needs medical attention. If, we cannot contact the emergency contact and need to get immediate medical assistance, our procedure is to take the participant to the nearest emergency service.
2. Please sign the consent below so that we can take appropriate action on your behalf if you are not capable or conscious. We will take this consent with us to the emergency centre.
3. I hereby give consent for myself, _____ when ill or injured to be taken to the nearest emergency centre by the staff at **the Knowlesville Art & Nature Centre** when I am incapacitated to receive medical treatment.

Signature _____ Date: ____/____/____

Release of Liability:

As a condition of my participation in the Art & Nature program, I agree to release the Knowlesville Art & Nature Centre, any establishment where the program is held, its employees and agents from any and all liability for any bodily injury, property damage, death or loss of any nature and kind that may occur from participation in any activities of the Art & Nature School.

Signature of Participant _____ Date: ____/____/____

Photo Consent

During lessons, activities, and events, our staff like to take photos to chronicle the event. We sometimes use these photos to promote and showcase the Knowlesville Art & Nature Centre through social media, our website, and occasionally newsletters or blogs. I hereby give permission for photos of myself, captured during activities through video, photo and digital camera, to be used solely for the purposes of Knowlesville Art & Nature Centre promotional material publications, and waive any rights of compensation or ownership thereto.

Signature _____ Date: ____/____/____

Acknowledgment of Covid-19 Screening Responsibility:

I _____ (participant), hereby acknowledge that I understand my responsibilities for the screening for COVID-19 symptoms prior to participating in a Knowlesville Art & Nature Centre program. I take full responsibility and attest that all questions in the screening questionnaire were answered with a "no". The pre-screening questionnaire is included as a print out at the end of this registration form.

Signature _____ Date: ____/____/____

Payment Details:

Cheque for \$80-110 Sliding Scale payable to Knowlesville Art & Nature Centre or send an e-transfers to admin@knowlesvillenature.ca. Please send cheque to: Knowlesville Art & Nature Centre, 111 Simms Rd, Knowlesville, NB E7L 1B1. *Your spot is reserved once payment is received. Thank you.*

ATTENTION



If you answer **'YES'** to any of the following questions, **DO NOT ENTER** this building. Please return home and self-isolate.

- Do you have **TWO (2)** of the following symptoms that are not related to a known pre-existing health condition (i.e., seasonal allergies)? If **YES**, you should be tested for COVID-19.



Fever



Cough (or worsening cough)



Diarrhea



Loss of sense of smell and taste



In children, purple markings on the fingers and toes



Runny nose



Sore throat



Muscle pain



Headache



Fatigue/ exhaustion

- Have you been advised by Public Health, a health-care provider or a peace officer that you are currently required to self-isolate?
- Are you waiting for a COVID-19 test or COVID-19 test results **AND** have been told you need to self-isolate?
- Have you travelled outside of New Brunswick in the past 14 days (unless exempt from self-isolation)?
- Has an individual in your household returned from outside of New Brunswick in the past 14 days for any reason, and now someone within the household has developed one or more symptoms of COVID-19 as listed above?

If you answered **'NO'** to the above questions, **YOU MAY ENTER** the facility.

If you are experiencing any symptoms, you should get tested. You can register for a test online by clicking 'Get tested' on the GNB Coronavirus website, calling Tele-Care 811 or by contacting your primary health-care provider.