



EMERGENCY ACTION PLAN

Rutherford Creek Whitewater Park
BC Slalom Championships August 5-9, 2009

Emergency Phone Numbers:

Emergency:	911
Ambulance (Pemberton):	604-894-6353
Police (Pemberton RCMP):	604-894-6634
Fire (Pemberton):	604-894-6412
Hospital (Pemberton Health Centre):	604-894-6633
Hospital (Whistler Health Care Centre):	604-932-4911
Blackcomb Helicopters:	604-938-1700

Locations of Phones:

1. Rutherford Creek Power facility on-site
2. Cell phone(s) at Headquarter's building

Facility Location Details:

Rutherford Power, 8km South of Pemberton on Highway 99, at Rutherford Creek Bridge

Rutherford Whitewater Park Facility Contact Numbers:

Power house phone 604-894-1766
Don Gamache (Plant Supervisor) cell phone 604-935-7749
Bob Noldner cell phone 604-905-9477
Gary Carr cell phone 604-935-4666

Charge Person/Incident Commander:

Toby Roessingh (403) 338-1153, Aug 5-7
Andrew Mylly (604) 329-3305, Aug 8-9

Charge Person Alternate 1:

Kurt Braunlich (360) 535-3495, Aug 5-7
Erin Hart (604) 535-8864, Aug 8-9

Charge Person Alternate 2:

Don Gamache, Plant Supervisor
Work phone 604-894-1766
Cell phone 604-935-7749

Call Person:

Mary-Jane Abbot, Exec. Director, CKBC
Phone 604-465-5268

Call Person Alternate 1:

Elizabeth Grimaldi, President, CCE
Home phone 604-858-0692

First Aid Coordinator:

None: Event participants should be prepared to offer first aid.



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Available Rescue & First Aid Supplies (Headquarters Building):

Backboard with straps
First Aid Kit
Extraction/Pin Kit
Throw Rope

Hazard Analysis:

- Head and spinal cord injuries, other blunt trauma injuries from contact with sides of course, or from bottom after capsizing
- As above from collisions with other participants while paddling
- Cuts, scrapes, and abrasions from contact with sharp concrete in course
- Drowning due to unconsciousness after impact to head
- Entrapment or pin – midstream obstacles, drop at end of course; injury or drowning/death
- Sharp rocks, shallow boulder garden after end of course, Narin Falls downstream from course (2-3km)
- Loss of equipment i.e. paddle and boat
- Injuries as above from falling into the course while walking alongside
- Injuries as above from trips and falls when course is dry

Mitigation Measures:

- Mandatory that paddlers wear basic safety equipment; Helmet, PFD, Footwear
- Recommended that paddlers wear gloves, full wetsuit, facemask
- Paddlers carry, or have quick access to; throwrope, whistle, knife
- Recommended that only strong intermediate paddlers with a reliable roll participate
- Minimum two boats on the water (or standing by at waters edge) at all times
- First Aid and Rescue equipment available on-site at headquarters
- People on-site trained to use First Aid and Rescue equipment
- Paddlers encouraged to thoroughly inspect course before paddling to assess hazards
- INNERGEX personnel to be available during event to shut off water if required
- Signage at bottom of course will indicate “Danger”
- Emergency Action Plan posted at Headquarters
- Signage at put-in indicating hazards, info sheet provided at registration
- Local EMS, Fire, Police, etc. advised of event
- Participants will be CanoeKayak BC members, and will complete a “Personal Health Form” and “CanoeKayak BC Waiver of Liability” form

Emergency Response:

- Treat ABC's, activate EMS – Dial 911



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Pemberton

To Pemberton
Emergency Medical
Clinic

Rutherford Creek Whitewater Park

To Whistler Emergency
Medical Clinic

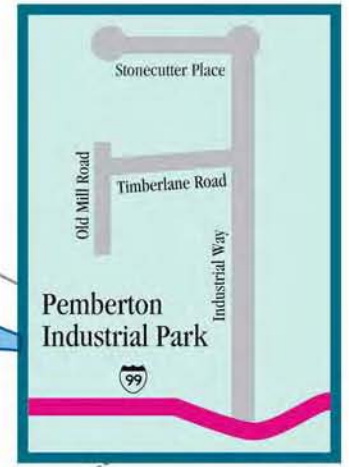
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Blackcomb Glacier
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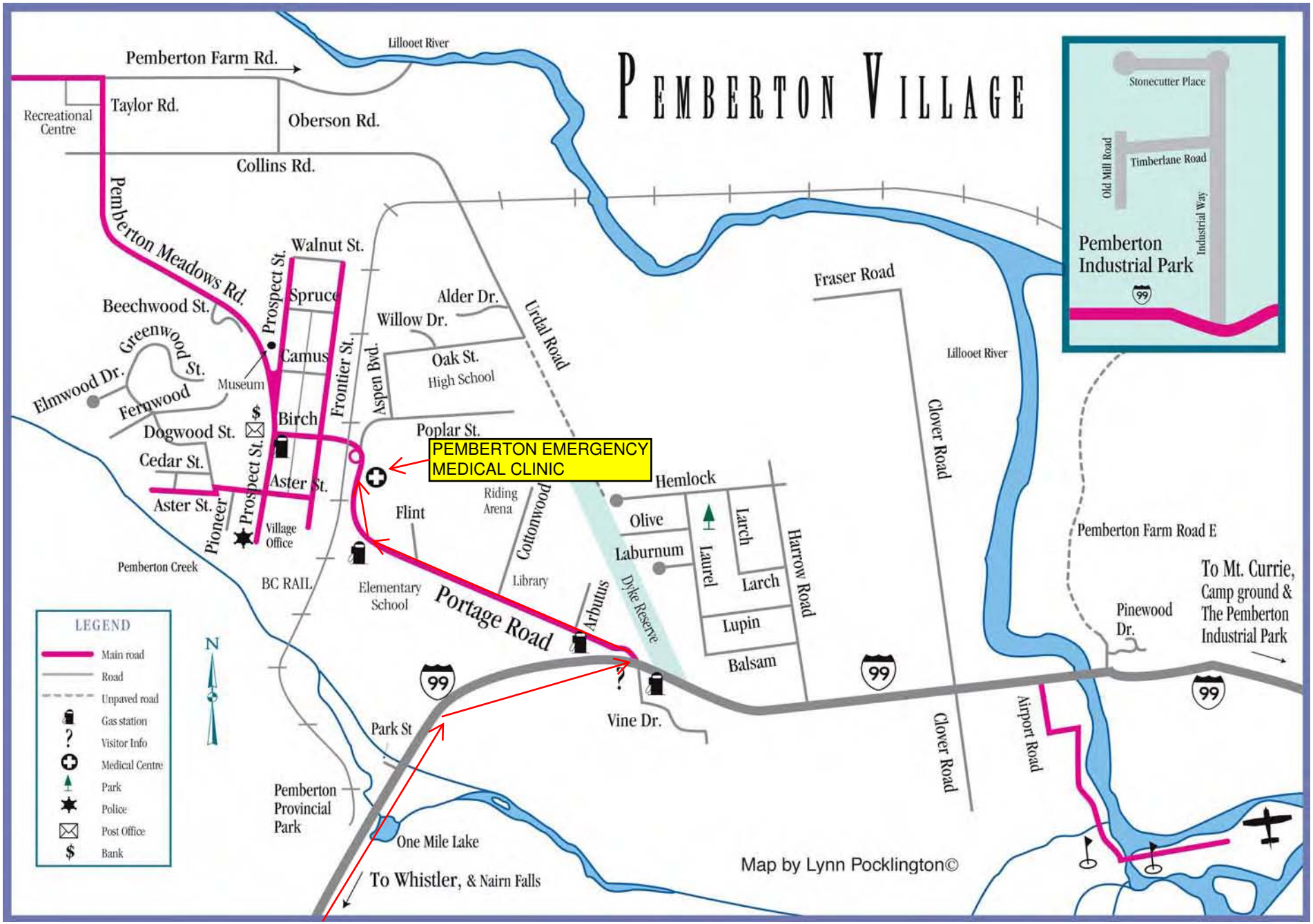
PEMBERTON VILLAGE



PEMBERTON EMERGENCY MEDICAL CLINIC

LEGEND	
	Main road
	Road
	Unpaved road
	Gas station
	Visitor Info
	Medical Centre
	Park
	Police
	Post Office
	Bank

Map by Lynn Pocklington©



Tourism Whistler's Official Map to Whistler

Produced in Partnership with the Resort Municipality of Whistler

Village Regions

- The Village ■ Village North ■
- Marketplace/Main Street ■ Upper Village ■

Walking Times (minutes)	Marketplace	Town Plaza	Village Common	Village Square	Mountain Square	Skier's Plaza	Upper Village
Marketplace	2	4	5	6	7	11	
Town Plaza	2	2	3	4	5	9	
Village Common	4	2	1	2	3	7	
Village Square	5	3	1	1	2	8	
Mountain Square	6	4	2	1	1	9	
Skier's Plaza	7	5	3	2	1	9	
Upper Village	11	9	7	8	9	9	

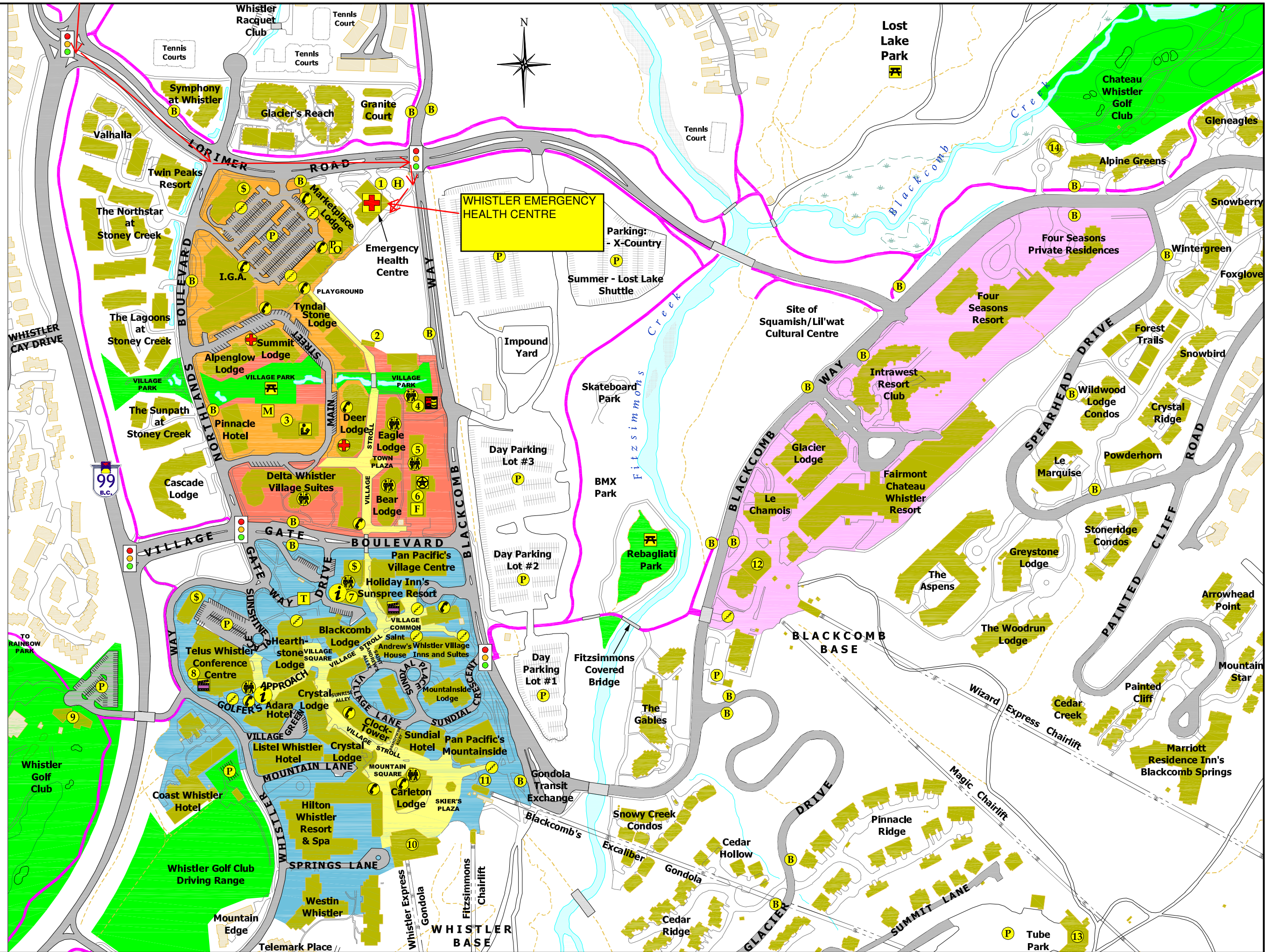
Trails

- Valley Trail —
- Village Stroll —
- Unpaved Trail - - -

- Medical Clinics + Parking P
- Information i Telephones ☎
- Washrooms ♿ Taxi Loop T
- Bank \$ Bus Stop B
- Post Office PO Cinema 🎬
- Park Area 🌳 Stairs ↕

Landmarks

- 1 Whistler Health Care Centre +
- 2 2010 Winter Olympic Games Centre 🏊
- 3 Library 📖 & Museum M
- 4 Millennium Place 🏛️
- 5 Municipal Hall 🏛️
- 6 Police 👮 & Fire Department F
- 7 Visitor's Centre i
- 8 Rainbow Theatre 🎭
- 9 Whistler Golf Course 🏌️
- 10 Whistler Mountain Gondola 🚡
- 11 Blackcomb Mountain Gondola 🚡
- 12 Blackcomb Day Lodge 🏠
- 13 Blackcomb Mountain Base 2 🏠
- 14 Chateau Whistler Golf Course 🏌️



ATTENTION – NOTICE

THIS IS A NEW AND RELATIVELY UNTESTED FACILITY - UNKNOWN HAZARDS MAY EXIST.

CONCRETE LINING THE COURSE IS EXTREMELY ROUGH AND SHARP. CUTS, SCRAPES, AND DAMAGE TO EQUIPMENT ARE LIKELY. COURSE IS FAST AND STEEP, WITH EXPOSED ROCKS. INJURY IS LIKELY IF SWIMMING.

PARTICIPANTS MUST BE AT LEAST STRONG INTERMEDIATE PADDLERS WITH A RELIABLE ROLL.

HELMET, PFD, AND FOOTWEAR ARE MANDATORY. GLOVES, FULL WETSUIT, ELBOW PADS AND FACEMASK RECOMMENDED.

YOU MUST BE PREPARED TO OFFER ASSISTANCE AND FIRST AID TO COMPANIONS. NO DEDICATED MEDICAL/RESCUE PERSONNEL ON-SITE.

YOU ARE RESPONSIBLE FOR YOUR OWN SAFETY.

ONLY REGISTERED PADDLERS ALLOWED.

PADDLE AT YOUR OWN RISK

ALL SPORT INSURANCE MARKETING LTD.

Andrew Mylly 604 775-6645
 Mary Jane Abbott 460-0587
 Richard, Chilliwack Centre 984-8699

CERTIFICATE OF INSURANCE

THIS IS TO CERTIFY THAT POLICIES OF INSURANCE AS HEREIN DESCRIBED HAVE BEEN ISSUED TO THE INSURED NAMED BELOW AND ARE IN FORCE AT THE DATE HEREOF:

<p>THIS CERTIFICATE IS ISSUED AT THE REQUEST OF: INNERGEX RENEWABLE ENERGY INC. RUTHERFORD CREEK POWER LIMITED PARTNERSHIP RUTHERFORD CREEK POWER LIMITED</p> <p>ABOVE ARE ADDED AS ADDITIONAL INSURED, BUT SOLELY WITH RESPECT TO THE LIABILITY WHICH ARISES OUT OF THE ACTIVITIES OF THE NAMED INSURED</p> <p>TO WHOM NOTICE WILL BE MAILED IF SUCH INSURANCE IS CANCELLED OR IS CHANGED IN SUCH A MANNER AS TO AFFECT THIS CERTIFICATE</p>	<p>NAME OF INSURED CANOE RACING BC O/A CANOE KAYAK BC (CHILLIWACK CENTRE OF EXCELLENCE)</p> <hr/> <p>LOCATION AND OPERATIONS TO WHICH THIS CERTIFICATE APPLIES RUTHERFORD WHITEWATER PARK, BC "BC WHITEWATER SLALOM CHAMPIONSHIPS" AUGUST 5-9, 2009</p>
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KIND OF POLICY	POLICY NO.	INSURERS	LIMIT OF LIABILITY
GENERAL LIABILITY	AS3081	AVIVA INSURANCE COMPANY OF CANADA	\$5,000,000.00 LIMIT per occurrence and in the aggregate with respect to products & completed operations *DEDUCTIBLE \$500.00

POLICY EXTENSIONS

- *CROSS LIABILITY CLAUSE INCLUDED
- *PARTICIPANT COVERAGE INCLUDED
- *SUBJECT TO 30 DAYS WRITTEN NOTICE OF CANCELLATION

THE INSURANCE AFFORDED IS SUBJECT TO THE TERMS, CONDITIONS AND EXCLUSIONS OF THE APPLICABLE POLICY.



Jul 24, 2009
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ALL SPORT INSURANCE MARKETING LTD.

D.M. Morrison

AUTHORIZED REPRESENTATIVE

507, 1367 West Broadway, Vancouver, BC V6H 4A9
 TEL (604) 737-3018 FAX (604) 737-3076

CanoeKayak BC - Whitewater – WAIVER

RELEASE OF LIABILITY, WAIVER OF CLAIMS, AND ASSUMPTION OF RISKS AGREEMENT

BY SIGNING THIS DOCUMENT YOU WILL WAIVE OR GIVE UP CERTAIN LEGAL RIGHTS INCLUDING THE RIGHT TO CLAIM COMPENSATION OR SUE SHOULD YOU BE INJURED.

PLEASE READ CAREFULLY!

Initial: _____

TO: CanoeKayak BC - Whitewater, CanoeKayak BC and all of each of their directors, managers, officers, employees, volunteers, agents, representatives, contractors, subcontractors, owner's of the facilities where Activities are held, sponsors, successors and assigns (hereinafter collectively referred to as "THE RELEASEES").

DEFINITION – This agreement shall apply to all activities, events or services provided, arranged, organized, sponsored or authorized by the Releasees, including but not limited to: kayaking, camping, hiking, meals, post-event parties, orientation or instructional sessions, clinics, activities, races, sports, tours, pool sessions, loading and unloading of boats, transportation or travel to and from locations used for the Activities; (hereinafter referred to as "the Activities").

ACKNOWLEDGEMENT – SAFETY

I acknowledge that the risk of injury from the Activities 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. I acknowledge that I have been advised to wear a personal flotation device (lifejacket) at all times while in a kayak, and helmet when applicable

ASSUMPTION OF RISKS – I am aware that participation in the Activities involves risks, dangers and hazards including, but not limited to: slips and falls while boarding or disembarking from the kayak; overturning of the kayak; hypothermia due to exposure to very cold water; drowning; variation in the water conditions, surfaces and currents, including high waves and tides; changing and inclement weather conditions including storms, high wind and lightning; entrapment by trees, logs, rocks or equipment; collision with rocks, trees, logs, deadfall, boating equipment and other kayaks, surfers and surfboards, or motorized vehicles; equipment failure; accidents that occur while hiking, backpacking and camping including steep slopes in their natural state that may contain many obstacles and hazards, and terrain that may not have been traveled on or climbed before and is not regularly patrolled or inspected; variation in the terrain including holes, depressions, loose gravel, rocks, mud, roots, creeks; impact with trees, tree stumps, forest deadfall, rocks, or other natural or man-made objects on or adjacent to the trails; inability to obtain emergency medical assistance due to remoteness of locations; encounters with wild and domestic animals, becoming lost or separated from one's guide, instructor or party; failure to act safely or within one's ability or to stay within designated areas; and negligence of other persons. I AM AWARE THAT ONE OF THE RISKS, DANGERS AND HAZARDS OF THE ACTIVITIES IS NEGLIGENCE ON THE PART OF THE RELEASEES, INCLUDING THE FAILURE OF THE RELEASEES TO SAFEGUARD OR PROTECT ME FROM THE RISKS, DANGERS AND HAZARDS OF THE ACTIVITIES, SOME OF WHICH ARE REFERRED TO ABOVE. I FREELY ACCEPT AND FULLY ASSUME ALL SUCH RISKS, DANGERS AND HAZARDS AND THE POSSIBILITY OF PERSONAL INJURY, DEATH, PROPERTY DAMAGE OR LOSS RESULTING THEREFROM.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT – In consideration of the Releasees allowing me to participate in the Activities and permitting my use of their equipment, if any, and for other good and valuable consideration, the receipt and sufficiency of which is acknowledged, I hereby agree as follows:

1. TO WAIVE ALL CLAIMS that I have or may in the future have against the Releasees and TO RELEASE THE RELEASEES FROM ANY AND ALL LIABILITY for any loss, damage, expense or injury including death, that I may suffer, or that my next of kin may suffer as a result of my participation in the Activities, DUE TO ANY CAUSE WHATSOEVER, INCLUDING NEGLIGENCE, BREACH OF CONTRACT OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE, INCLUDING ANY DUTY OF CARE OWED UNDER THE OCCUPIERS LIABILITY ACT, R.S.B.C 1996, c.337, ON THE PART OF THE RELEASEES AND INCLUDING THE FAILURE ON THE PART OF THE RELEASEES TO SAFEGUARD OR PROTECT ME FROM THE RISKS, DANGERS AND HAZARDS REFERRED TO ABOVE.

2. TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES from any and all liability for any property damage or personal injury to any third party resulting from my participation in the Activities.
3. This Agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives, in the event of my death or incapacity.
4. This Agreement and any rights, duties and obligations as between the parties to this agreement shall be governed by and interpreted solely in accordance with the laws of the Province of British Columbia and no other jurisdiction.
5. Any litigation involving the parties to this Agreement shall be brought solely within the Province of British Columbia and shall be within the exclusive jurisdiction of the Courts of the Province of British Columbia.

MARINE LIABILITY ACT – The Marine Liability Act, S.C. 2001, c. 6, may limit the liability of the Releasees in the event of an accident resulting in injury or death.

In entering into this Agreement, I am not relying on any oral or written representations or statements made by the Releasees with respect to the safety of the Activities, other than what is set forth in this Agreement.

I CONFIRM THAT I HAVE READ AND UNDERSTOOD THIS AGREEMENT PRIOR TO SIGNING IT, AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS, ASSIGNS AND REPRESENTATIVES MAY HAVE AGAINST THE RELEASEES.

PARTICIPANT'S SIGNATURE

WITNESS

PRINT NAME CLEARLY

Date Signed: _____

Address: _____			
Street	City	Prov/State	
Country	Code	Telephone	

ASSUMPTION OF RISK, INFORMED CONSENT

Parental Consent & Waiver Addendum

This document is to be signed in conjunction with the CanoeKayak BC - Whitewater Waiver. It serves to indicate that the child and parent/guardian are aware of the risks involved in participating in this event and agree to assume responsibility for their own safety.

CanoeKayakBC - Whitewater does hereby permit the child to participate in the race on the following terms and conditions:

1. I, the undersigned give permission for my child/children to participate in the Event. I recognize the physical risks and hazards of kayaking and other Activities surrounding the event, which include those set out in the Waiver. I recognize that there is, at all times, a risk of serious injury and I agree that my child is responsible for any injury or loss which they might receive while participating in the event.
2. I release the Releasees of responsibility for any claims, demands, actions and costs which might arise out of my child/children's participation.
3. Those under 19 years of age must have a parent or guardian signature acknowledging that they aware of the above risks, terms and conditions.
4. I agree that this agreement shall in all respects be governed by and interpreted in accordance with the laws of the Province of British Columbia and other governing bodies in this province.

Signed this _____ day of, _____ 20_____

Child's Name: _____ Age: _____

Child's Signature: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Parent/Guardian Phone Number: _____

Participant Profile

Name: _____

Age: _____

Emergency Contact # 1: Name: _____

Phone Numbers: () _____

() _____

Emergency Contact # 2: Name: _____

Phone Numbers: () _____

() _____

Address: _____

Phone Number: () _____

Medical Information	Description of Condition	Procedures in case of Emergency
Allergies		
Illnesses		
Disabilities		
Injuries / Other		



Accident Report Form Appendix F



Date of report: ____/____/____
 dd mm yyyy

PATIENT INFORMATION

LAST NAME:		FIRST NAME:	
STREET ADDRESS:		CITY:	
POSTAL CODE:		PHONE: ()	
E-MAIL :		AGE :	
SEX: __M __F	HEIGHT: _____	WEIGHT: _____	DOB: ____/____/____ dd / mm / yyyy
KNOWN MEDICAL CONDITIONS/ALLERGIES:			

INCIDENT INFORMATION

DATE & TIME OF INCIDENT:		TIME OF FIRST INTERVENTION:		TIME OF MEDICAL SUPPORT ARRIVAL:	
____/____/____ ____ ____ AM dd mm yyyy PM		____ ____ AM PM		____ ____ AM PM	
CHARGE PERSON, DESCRIBE THE INCIDENT: (what took place, where it took place, what were the signs and symptoms of the patient)					
PATIENT, DESCRIBE THE INCIDENT: (see above)					
EVENT & CONDITIONS: (what was the event during which the incident took place, location of incident, surface quality, light, weather etc.):					
ACTIONS TAKEN/INTERVENTION:					
After treatment, the patient was:					
<input type="checkbox"/> Sent home		<input type="checkbox"/> Sent to hospital/a clinic		<input type="checkbox"/> Returned to activity	

OVER...



Accident Report Form (p.2)



CHARGE PERSON INFORMATION

LAST NAME:	FIRST NAME:
STREET ADDRESS:	CITY:
POSTAL CODE:	PHONE: ()
E-MAIL:	AGE:
ROLE (Coach, assistant, parent, official, bystander, therapist):	

WITNESS INFORMATION (someone who observed the incident and the response, not the charge person)

LAST NAME:	FIRST NAME:
STREET ADDRESS:	CITY:
POSTAL CODE:	PHONE: ()
E-MAIL:	AGE:

OTHER COMMENTS OR REMARKS

FORM COMPLETED BY:

PRINT NAME

SIGNATURE