



# 2019 FROSTOVER RETREAT WAIVER/CONSENT FORM

**PLEASE READ CAREFULLY**

By signing this document you accept important  
legal obligations and waive legal rights

***Purposes and Extent of Registration Form***

*Canadian Church of God Ministries (CCOGM), through their agent Deer Valley Meadows Camp, is collecting and retaining this personal information for the purpose of enrolling the student or leader in our event, and to inform you of any program updates. This information will be maintained confidentially and indefinitely as it is a requirement of our insurance company and legal counsel. If you wish CCOGM to limit the information collected, or to view your student/leader information, please contact us ASAP at 780-672-0772.*

To: **Deer Valley Meadows Camp** ("DVM")

**ATTENDEE INFORMATION**

Attendee Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Allergies \_\_\_\_\_

Provincial Health Card Number \_\_\_\_\_

Parent/ Guardian's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Relationship to the Attendee \_\_\_\_\_

**MEDICAL RELEASE AND CONSENT  
MEDICATION PERMISSION**

I, the undersigned, give DVM, CCOGM, Employees and Volunteers permission to administer the below checked medications to my son or daughter, the Attendee as named above, while at DVM, if and when needed: (dosage will follow provided information on the container)

\_\_\_ Tylenol \_\_\_ Gravol \_\_\_ Halls Lozenges \_\_\_ Ibuprofen

\_\_\_ Pepto-Bismol \_\_\_ Roloids \_\_\_ Benadryl \_\_\_ Benalyn

Cough and cold

\_\_\_ **YES to all of the above**

Parent/Guardian Signature

\_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Is the attendee bringing any medication with him/her to this event?

Yes  No

If yes, please list:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please note: We will not administer any prescription or non-prescription medications without your express permission.**

**Please Read the following if the Attendee has an EPIPEN:**

I, the undersigned give DVM, CCOGM, Employees and Volunteers permission to administer the Attendee's Epipen in case of an emergency where the Attendee is unable to administer the Epipen independently.

Reason for Epipen \_\_\_\_\_ Initial of Parent/Guardian\_\_\_\_\_

**INFORMED LETTER OF CONSENT**

As part of our due diligence, we would like to inform you of specifics in terms of the structure of our retreat program. We have provided you with details of our weekend program and would request that you sign the permission form below. The safety of the Attendee is our primary concern. Precautions will be taken for their well-being and protection.

CABIN ARRANGEMENTS: Attendee will be assigned to a cabin

RECREATION: Throughout the event, recreational activities will be weather dependent. **On site at DVM, we will be using camp recreation activities such as Floor Hockey, 9 square, sledding, wall climbing, gym time, scavenger hunt and Team building exercises, activities are weather dependent. Off-site trips are also weather dependent.** In each of these cases, camp staff and/or event staff will follow our Plan To Protect policy. All attendees will be carefully monitored and safety procedures will be in place to ensure supervision at all times.

While every precaution is taken for safety and good health, some sports and activities carry with them inherent risk of personal injury beyond the risks associated with many of the recreational activity at DVM. I understand and accept these risks and agree that by allowing the Attendee to participate in those activities, he/she may be taking part in a recreational activity that may present the potential risk for personal injury.

I understand that I am solely responsible to select and purchase adequate medical/health insurance for my Attendee. Further, I understand that neither CCOGM nor DVM will provide medical/health insurance. I consent to and authorize that if illness or injury necessitates the expenditure of money for special travel arrangements or any other reason deemed necessary by the person in charge of DVM, that I will be responsible for all of those costs.

**ASSUMPTION OF RISKS**

IN CONSIDERATION of DVM allowing my Attendee to participate in DVM, and all related Activities associated with DVM, I acknowledge that I am aware of the possible RISKS, DANGERS AND HAZARDS associated with my Attendee's participation in the Activities including the possible risk of severe or fatal injury to themselves or others. These risks include but are not limited to the following:

- Risks associated with traveling to and from Activities by means of private and public transportation;
- Risks associated with the fact that DVM is located in a rural wilderness location and as such natural occurrences (such as lightning, high winds, rainstorms, tree falling and flash floods) and wildlife can be unpredictable and dangerous.;
- Risks associated with failing to follow the instructions or directions of the person in charge of the Activities;
- Risks associated with the participation in the Activities;
- Risks associated with medical problems arising before, during and following participation in Activities; and
- Other not mentioned probable and unforeseen risks.

**DISCLAIMER and RELEASE OF LIABILITY**

**I, for myself, voluntarily accept and fully assume such risks, dangers and hazards and the possibility of personal injury, death, partial or permanent disability, property damage or loss resulting from the Attendee's participation in the Activities.**

**I release, indemnify and hold harmless DVM and CCOGM, its trustees, directors, corporation members, staff, agents, volunteers, members and representatives from:**

- a) **any loss, personal injury, accident, misfortune or damage to the above named or his/her property, with the understanding that reasonable precautions shall be taken to ensure the health and safety of the above named;**
- b) **any claims, demands, actions and costs for any loss, injury, damage or expense whatsoever that might arise out of my or the Attendee's participation at DVM and the Activities; and**
- c) **any and all liability for any damage to the personal property of, or personal injury to, any third party resulting from my or the Attendee's participation at DVM.**

**ACKNOWLEDGEMENT**

I understand that this is a legal agreement that is binding upon myself, my heirs, executors, administrators, successors and assigns. I acknowledge that I have read and understand the terms of this agreement and acknowledge that by signing this agreement voluntarily, I am agreeing to abide by its terms and I am waiving certain legal rights that I or the Attendee may have.

This Consent, Authorization and Acknowledgement shall be effective from and including February 1st, 2019 up to and including February 3rd, 2019.

\_\_\_\_\_  
Witness of Parent's Signature

\_\_\_\_\_  
Signature of Parent/Legal Guardian

Print Name: \_\_\_\_\_

\_\_\_\_\_  
Date

### THE PARTICIPANT

I, the Participant, as noted above, understand and agree to obey and comply with safety regulations and instructions as directed by the person in charge of the Camp and the Activities. At all Activities, I acknowledge that it is my responsibility to obtain and wear appropriate safety equipment.

I acknowledge that I am solely responsible for myself and my actions. I will not endanger the safety of myself or others at any Activities.

I understand and acknowledge that I can and will be sent home should I not follow the directions or instructions of the person in charge of DVM or the Activities. I consent to and understand that the person in charge of the Activities or agents has the right to dismiss me if in their opinion I am acting in a manner that should cause a hazard to the safety and well-being of others, who appears to have rejected the reasonable guidelines of the activity. I understand that if I am sent home under such circumstances, I will be responsible for all associated costs incurred, including the cost of special travel arrangements.

We encourage event attendees to be positive influences and encouraging contributors at all activities during the event. As such, we will not tolerate:

1. Disrespect of leaders and other attendees
2. Bullying in any form (physical, emotional, cyber-bullying, etc.)
3. Inappropriate touch (wrestling, tickling, hitting, horseplay, dunking in pools, etc.)
4. Use of negative and disrespectful language
5. Use of illegal substances (alcohol, smoking, drugs, etc.)

Please note: Upon arrival at an event, attendee must remain in attendance for the full session of the event, unless consent is otherwise given.

\_\_\_\_\_  
Signature of Participant

### LEADER-STUDENT COMMUNICATION

I give permission for the CCOGM and appointed Event Youth Leaders to contact the attendee.

Yes  No

### PHOTOS/VIDEOS

At this event, screened, appointed Youth Leaders will take pictures. Pictures will be taken to promote events and to encourage cohesiveness amongst the attendees. Posted pictures will NOT have names attached to them.

I grant permission for the reasonable use of pictures containing the attendee.  Yes  No

I also grant permission for pictures of the attendee to be used on social media account.  Yes  No

**I acknowledge that I have indicated my permission in the above areas.**

Parent/Guardian Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

**TO FULLY PARTICIPATE IN THE FROSTOVER EXPERIENCE PLEASE DO NOT BRING: CELL PHONES, iPods, tablets, or other electronic devices, matches, knives, alcohol, drugs or valuables.**