

Bowcamp Informed Consent/Waiver
Please submit this completed form at the moment of register
One waiver per registrant

Registrant Name

First Name Last name

Date of Birth

MM / DD / YY

Personal Health #

Personal Provincial Health # Province

Emergency Contact

First Name Last name Phone

Email

Camper age: ☐ Camper (10-13) ☐ L.I.T. (14-16)

PERMISSIONS

Transportation

If my child/ward requires transportation during the camp or program, I grant permission to allow my child/ward to be transported by bus, public transportation or on foot to the program site or destination.

Medical Assistance

I hereby authorize Bow camp to secure medical advice and services as deemed necessary in the instances where all attempts to contact parent or guardian have failed, for the health and safety of my child/ward or when the nature of the emergency allows insufficient time to contact such parent or guardian.

I agree to accept financial responsibility in excess of the benefits allowed by Provincial Health Care where: a) the health and well-being of my child/ward is involved and/or b) medical services has been such that further medical services are required; additional consent of the parent or guardian may be required.

Photographs

☐ Yes ☐ No

Photos taken by Bowcamp may be used to promote Bowcamp. This consent gives Bowcamp the right to use these images in different media. These may include but are not limited to newspaper ads, brochures newsletters and other print material and on Bowcamp website. Though the images will be used only by Bowcamp, the materials they are used in may be distributed elsewhere.

Note – Please be aware that Bowcamp neither supports nor discourages photos being taken by family or friends when they are visiting the camp. Bowcamp requests that you respect the privacy rights of others, including the right of parents/guardian to refuse any picture taking of their children.

Prerequisites (if applicable) ☐ Yes ☐ No

My child/ward has met all of the prerequisites required for participation in the camp or program and will abide by its rules and regulations.

Authorized parent/guardian pick up

Primary First Name Last name Phone

Secondary (if applicable) First Name Last name Phone

Notes allergies, dietary concerns, medical notes, and other necessary information

Bowcamp Location

OUR LADY OF VICTORY CAMP
41203 Range Road 11,
Lacombe County, AB
T0C 0J0

Email: info.bowcamp@gmail.com

PROPERTY DAMAGE

If my child/ward make any damage to the property or equipment, I will cover the cost related to the damage.

DESCRIPTION OF RISK, RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNIFICATION

In consideration of Bowcamp permitting my child/ward to participate in the activities offered by Bowcamp agree to use the facilities and participate in activities in compliance with all rules, regulations and policies as they may exist and change from time to time and I agree as follows:

I recognise, acknowledge, and I am aware that participation in the camp carries risk of personal injury. I understand that my child/ward will partake in a number of outdoor/indoor activities. My child/ward is physically prepared to take part in these activities.

I hereby release and discharge Bowcamp, its officers, agents employees, volunteers, sponsors and their respective heirs, executors, administrators, successors or assigns (collectively known as the "Releases") from any and all claims, demands damages, costs, expenses, actions and causes of action, whether in law or equity, in respect of death, injury, loss or damage to my child/ward person or property however caused, arising in any way connected with my child/wards participation in the camp.

I further hereby undertake to hold and save harmless and agree to indemnify the Releases from any and all Liability (including legal fees) incurred by any or all of them arising as a result of, or in any way connected with my (or my child/charge's) participation in the camp.

I have read the DESCRIPTION OF RISK, RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNIFICATION and fully understand its terms. I understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without inducement. I understand this document will be valid for the duration of the summer camp the camper is registered and it is my responsibility to keep Bowcamp aware of any changes.

Signed on this _____ day of _____, 20 ____ at _____

Name of Parent/Guardian

Signature of Parent/Guardian

This personal information is being collected under the authority of Section 33(c) of the *Freedom of Information and Protection of Privacy Act* and will be used to provide a record of participation and safety requirements of the Summer Programs. It is protected by the privacy provisions of the *Freedom of Information and Protection of Privacy Act*.