



## CAMP WAPITI FAMILY WAIVER OF LIABILITY AND RELEASE AND MEDICAL INFORMATION FORM

### CONSENTS AND WAIVERS

Please carefully read and sign each portion of the following. You may then scan and email it to us

[office@mbcgateway.ca](mailto:office@mbcgateway.ca) or mail it to **Camp Wapiti 10913-107 Ave, Grande Prairie AB T8V 7P9**

**This form must be received along with payment before your camp registration can be confirmed.**

<b>Names of Parents or Guardians:</b>	_____
	_____
<b>Children's Names and Ages:</b>	_____ <b>Age:</b> _____
	_____ <b>Age:</b> _____
	_____ <b>Age:</b> _____
	_____ <b>Age:</b> _____
	_____ <b>Age:</b> _____
<b>Address:</b>	_____
	_____
<b>Phone Numbers: Home:</b> _____ <b>; Cell:</b> _____	

*List additional family members and information on a separate paper and submit with form*

### Liability Waiver and Consent

**CONSENT AND ACKNOWLEDGEMENT:** I/We the undersigned Parent or Guardian (referred to throughout as "I"), hereby authorize and consent to my child's participation in the activities of Camp Wapiti. I understand that the Participant (also referred to throughout as "child"), will act in a safe and responsible fashion, to follow the instructions and directions of the person in charge of Camp Wapiti.

**ASSUMPTION OF RISKS:** IN CONSIDERATION of Camp Wapiti allowing me or my child to participate in events, activities, or travel with the camp and all related activities associated with Camp Wapiti, including participation in all activities related to the camp. I acknowledge that I am aware of the possible RISKS, DANGERS AND HAZARDS associated with participation in the Activities and Outings including the possible risk of severe or fatal injury to myself or others. These risks include but are not limited to the following:

1. Risks associated with traveling to and from Activities and Outings by means of private and public transportation;
2. Risks associated with failing to follow the instructions or directions of the person in charge of the Activities and Outing;
3. Risks associated with the participation in the Activities and Outings;
4. Risks associated with medical problems arising before, during and following participation in Activities and Outings;
5. Other not mentioned probable and unforeseen risks.

**DISCLAIMER and RELEASE OF LIABILITY:** I, for myself or my child, 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 my or my child's participation in the Activities. I release, indemnify and hold harmless Camp Wapiti and McLaurin Baptist Church of Grande Prairie, 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 my child's participation in the Activities;  
c) any and all liability for any damage to the personal property of, or personal injury to, any third party resulting from my or my child's participation in the Activities and Outing.

**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 my child may have.

**This Consent, Authorization and Acknowledgement shall be effective from and including August 2-7, 2020**

**PARENT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PARENT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Medical Information Form:**

*Please note that during Family Camp all children are required to be accompanied by a parent, guardian or another adult who has agreed to be responsible for the child. Parents, guardians and responsible adults will be responsible for the health and safety of the children under their care. The information provided below is given for purposes of medical emergencies when a parent, guardian or responsible adult is not available to provide for medical decisions and care.*

If parent or guardian is not available in an emergency, notify: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Office Phone: \_\_\_\_\_  
Other Phone: \_\_\_\_\_  
Relationship to Camper: \_\_\_\_\_

Do you or any of your children listed above have any life threatening allergies? If so, please indicate the name of the parent or children with the allergy:

Yes  No

Name(s): \_\_\_\_\_  
Name(s): \_\_\_\_\_  
Name(s): \_\_\_\_\_  
Name(s): \_\_\_\_\_

Do you or any of your children have any medical or health problems, or any chronic or recurring illness or illnesses, which would have an effect on the camper's participation in MBC and Camp activities?

Yes  No

If yes, name the person and describe the problem or illnesses.

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

Conditions: \_\_\_\_\_ Conditions: \_\_\_\_\_ Conditions: \_\_\_\_\_ Cond

Please list below any medications which you or any of your children are taking that should be known in the event of a medical emergency.

[ ] None

Name: \_\_\_\_\_ Medications: \_\_\_\_\_

Name: \_\_\_\_\_ Medications: \_\_\_\_\_

Name: \_\_\_\_\_ Medications: \_\_\_\_\_

Name: \_\_\_\_\_ Medications: \_\_\_\_\_

Name: \_\_\_\_\_ Medications: \_\_\_\_\_

Other comments or suggestions we should be aware of:

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**Insurance Claims:**

*I understand that the neither MBC nor the Camp provides medical or hospital insurance for participants in Camp activities.*

**Medical Treatment Authorization:**

*I further understand that, in the event my child requires medical or dental treatment while engaged in activities with the MBC or the Camp, reasonable efforts will be made to contact a parent or guardian; however, if a parent or guardian cannot be reached, I hereby consent and give permission to the director, trustee, officer, employee, agent or volunteer acting on behalf of MBC or the Camp as agent for me, to consent to any X-ray examination, injections, anesthesia, medical, dental or surgical diagnosis and treatment, and hospital care and treatment advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the law of the state where the services are rendered, either as an outpatient or in any hospital. To the best of my knowledge, I have listed above all of my and my children’s medical allergies, medications being taken, medical problems and other pertinent information. If there are any changes, I will notify the Camp.*

**Photo Release:**

*The undersigned authorizes MBC and the Camp to use and display any photographs or images of me or my child taken while engaged in activities sponsored by either of MBC or the Camp in any publication, multimedia production, display, advertisement or other publication. The undersigned releases and forever discharges MBC and the Camp, as well, as their agents, officers, volunteers and employees from any and all claims and demands arising out of or in connection with the use of said photographs / images.*

*This **FAMILY WAIVER OF LIABILITY AND RELEASE AND MEDICAL INFORMATION FORM** is effective throughout the camp session August 2-7, 2020 for which I or my child is registered and may not be revoked, altered, amended or avoided at any time.*

\_\_\_\_\_  
Signature of Parent or Guardian                      Date Signed

\_\_\_\_\_  
Signature of Parent or Guardian                      Date Signed