

SR Hi , Jr Hi, 3 day Hike, 5 Day hike Elem.#1, Elem #2, Day #1, Day#2 (circle camp)

CHILD'S NAME _____

PARENT'S NAME _____ (must be legal guardian or parent)

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 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.

Medical Consent

I/we, the parents or guardians named above, authorize Camp Wapiti or one of the Camp Leadership Staff to sign consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedures for the participant named above. I/we, named above, undertake and agree to indemnify and hold blameless Camp Wapiti and McLaurin Baptist Church of Grande Prairie, the Ministry Staff, its Pastors and Council of Overseers from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of Camp Wapiti, as well as of any medical treatment authorized by the supervising individuals representing the Camp. This consent and authorization is effective only when participating in or traveling to events with Camp Wapiti.

PARENT SIGNATURE _____ DATE _____

Policy Regarding Over the Counter Medications:

During the course of the week your camper may request medication for ailments such as allergies, cold symptoms, headaches or stomach aches. Before we can offer your child any over the counter medication we need your permission. Indicate below whether or not you grant permission for the first aid person to administer over the counter medications according to package directions, should he/she feel it necessary. (The first aid person will be available at registration to speak with you, should you so desire and to collect all medications your child brings with them)

I authorize the First Aid Personnel to administer over the counter medication to my child

Call me before giving my child any over the counter medications

PARENT SIGNATURE _____ DATE _____

FOIP release

Please indicate below your permission for reasonable use of pictures containing your child in the following ways, brochures/promotional materials, camp/church, newsletters and camp website

YES, I give consent

NO, I DO NOT consent

PARENT SIGNATURE _____ DATE _____

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 June 30 – August 27, 2020

PARENT SIGNATURE _____ **DATE** _____