

## Permission to Participate, Liability Release & Waiver

For Outdoor Education, Team-Building, Adventure Learning and General Camp Programs

To be completed for campers under 19 years of age.

### FINAL LIABILITY RELEASE and WAIVER

**IMPORTANT: By signing this document you are waiving certain legal rights including the right to sue. Please read carefully.**

#### Permission to Participate and Acknowledgment of Risks:

I, \_\_\_\_\_ (the parent/guardian) of \_\_\_\_\_ (camper name) ("my dependent"), request that my dependent participate in an adventure-based program as well as general camp programs while at Camp Pringle (collectively, the "Camp Program"). I am aware that the activities involved in the Camp Program, include, but are not limited to, hiking, orienteering, canoeing, sailing, windsurfing, mountain biking, arts and crafts, swimming, outdoor cooking, faith discussion, nature study, dances, low ropes team initiative challenges, archery, use of the Camp Pringle slip n' slide, sports and games, as well as other various leadership initiatives, team-building challenges and general camp activities (collectively, the "Activities").

I understand that outdoor, camp and adventure based activities present to the participant a wide variety of risks, hazards and conditions, not all of them easily foreseeable, which could result in any type of physical or emotional injury. These conditions may include, but are not limited to uneven terrain, changeable weather conditions, animal and plant life, and the use of assorted vehicles, gear and equipment including various types of safety gear. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. I understand that the foregoing does not list all of the risks or dangers and that participation in the Activities involve risks and/or dangers which are not foreseen. I also understand that the risks or dangers associated with the Activities involve a risk of injury which could result in serious personal injury, death and/or property loss.

I certify that my dependent has no medical or physical conditions which could interfere with their safety, or else I am willing to assume – and bear the costs of – all risks that may be created, directly or indirectly, by any such condition.

I am aware that the Camp Program and Camp Pringle is operated by the George Pringle Memorial Camp Society (the "Society").

I understand that the Society will approach this season with both care and planning. While the season is underway, they will endeavour to instruct, protect and care for the well-being of my dependent as would I in their place, including making decisions regarding his/her medical care. I also understand that, following the summer, they will continue to maintain professional standards of behaviour regarding my dependent.

I am aware that there are risks involved in the Camp Program, and have decided that I am prepared to allow my dependent to participate in the Camp Program and the Activities.

(INITIAL\_\_\_\_\_)

**Tubing:** I understand and accept that should my dependent participate in any *Watersports Adventure, Ultimate Adventure, Day Camp, Crew or CIT Programs* at Camp Pringle that they will be offered an opportunity to engage in *Tubing*. Tubing is an activity which takes place on Shawnigan Lake with a motor boat towing one or two inflated certified tubes with the campers riding in them. As this activity takes place on water and involves a motor boat and fair speeds, and despite all reasonable efforts, there is always a risk of injury or death. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

(INITIAL\_\_\_\_\_)

**Off-Site Activities:** I am aware that bike camp programs will involve travel, sometimes on highways, and overnight stays off-site. Other camps will also involve day trips off-site and some Activities will be off-site. I give my permission for my dependent to participate in all off-site Activities.

(INITIAL\_\_\_\_\_)

#### Permission to Use Images/Provide Information:

I understand and accept that my dependent may be photographed and/or video-taped at Camp Pringle and I give permission for these photos/videos to be used in future Camp Pringle publications, including brochures and the Camp Pringle website. Photographs will also be made available online at a password protected site accessible by camp registrants and staff only. We respect our campers and will only use/post photos and videos that demonstrate that respect. If your dependent cannot be photographed for legal reasons please circle their name at the top of this form and do not initial below. (If you have any questions or concerns, please contact the Executive Director).

(INITIAL\_\_\_\_\_)

I give permission for Camp Pringle to use the information I provide to ensure a positive camping experience for my dependent. Unless I contact Camp Pringle directly or indicate otherwise below, I give permission for Camp Pringle to send me camping information in the future. I understand that Camp Pringle will not give my information to third parties (unless with my permission or required by law) and that I can at any time contact the camp and ask to be removed from the Camp Pringle mailing list.

**I have read this agreement at my leisure, and have understood its nature and its contents. Please allow my dependent to participate in the Camp Program and the Activities.**

(INITIAL\_\_\_\_\_)

**Release, Waiver & Indemnity** (Must be completed for participants under the age of 19)

In consideration of my dependent being permitted to participate in the Camp Program and the Activities and to use Camp Pringle's equipment and facilities, I hereby:

- (a) release and forever discharge The George Pringle Memorial Camp Society, the British Columbia Property Development Council of the United Church of Canada, the British Columbia Conference of the United Church of Canada, the British Columbia Camping Association, their officers, directors, members, employees and agents (collectively, the "Releasees") from any and all liabilities, claims, damages, actions, suits or causes of action, including any claims for breach of contract, negligence or gross negligence, statutory or other duties which my dependent may now, or in the future, have arising from my dependent's participation in the Camp Program and the Activities (collectively, the "Claims"); and
- (b) agree to indemnify and hold harmless the Releasees from any Claims which are brought by, or on behalf of my dependent against any of the Releasees.

Parent/Guardian Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_ EC Phone \_\_\_\_\_

Medical Plan/Province \_\_\_\_\_ Medical Plan # \_\_\_\_\_

Please list any health conditions or medical issues that we ought to be aware of (including previous injuries, current medications, allergies, etc) \_\_\_\_\_

What was the date of his/her last Tetanus inoculation or booster? Year \_\_\_\_\_

Date: \_\_\_\_\_

Revised Jan 14, 2015