

# BCWF YOUTH PROGRAMS CAMPER REGISTRATION

| PARTICIPANT INFORMATION |             |             |              |  |
|-------------------------|-------------|-------------|--------------|--|
| Name: (last, first)     | Birth date: | Age:        |              |  |
| Address:                | City:       | Province:   | Postal code: |  |
| Gender:                 | Phone:      | Shirt size: |              |  |

| PARENT/GUARDIAN INFORMATION |                              |               |              |  |
|-----------------------------|------------------------------|---------------|--------------|--|
| Name: (last, first)         | Phone: (home)                | Phone: (cell) |              |  |
|                             |                              |               |              |  |
| Address:                    | City: Province               |               | Postal code: |  |
| Email:                      | Relationship to participant: |               |              |  |
| Name: (last, first)         | Phone: (home)                | Phone: (cell) |              |  |
| Address:                    | City:                        | Province:     | Postal code: |  |
| Email:                      | Relationship to participar   | it:           |              |  |

| PICK UP/DROP OFF INFORMATION |               |  |  |  |
|------------------------------|---------------|--|--|--|
| Pick up safe word:           |               | Participant can return home by themselves: |  |  |
|                              |               | Service Yes No                             |  |  |
| Contact 1:                   |               | Relationship to participant:               |  |  |
| Phone: (home)                | Phone: (cell) | Email:                                     |  |  |
| Contact 2:                   |               | Relationship to participant:               |  |  |
| Phone: (home)                | Phone: (cell) | Email:                                     |  |  |
| Contact 3:                   |               | Relationship to participant:               |  |  |
| Phone: (home)                | Phone: (cell) | Email:                                     |  |  |





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**\*NOTE\*** If someone other than the individuals named above will be picking up or dropping off the participant(s), the Camp Instructors must be notified or be made aware of prior to the event. Otherwise the participant will not be released to the individual and the parent/guardian will be contacted immediately.

If the camper is deemed old enough by the parent/guardian to get home on their own either by walking, biking, or public transit, the BC Wildlife Federation and its employees take no responsibility in the safety or well-being of that participant when they leave the camp.

If your child will be getting home on their own please check the *"Can return home by themselves"* box appropriately indicating that you authorize the Camper Instructors to let your child leave the camp on their own.

Parent/Guardian Signature

Date

Parent/Guardian (Print)

MEDIA WAIVER

I, \_\_\_\_\_\_, hereby consent that the British Columbia Wildlife Federation has permission to use quotes (made by myself or my child either orally or on paper), photos, or video footage of myself or my child for the purposes of promoting and marketing the British Columbia Wildlife Federation both in print media and on the internet, including but not limited to: social media sites (e.g. Facebook, Twitter, Instagram, etc.), the British Columbia Wildlife Federation website and newsletter, and other online promotions of the British Columbia Wildlife Federation programs and activities. I waive claims for compensation for such uses. I understand that my child's name will not be used for any of the above purposes.

Parent/Guardian Signature

Date

Parent/Guardian (Print)

□ No, I do not consent to this waiver.



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# **BCWF YOUTH PROGRAMS**

### **CAMPER REGISTRATION**

PARTICIPANT MEDICAL INFORMATION

| Participant name: (last,                  | first)                   |                           |  |  |  |
|---|--------------------------|---------------------------|--|--|--|
| Care Card No.:                            | Family physician:        |                           | Physician phone:                       |  |  |
| Emergency contact 1:                      |                          | Relation to participant:  |  |  |  |
| Phone: (home)                             | Phone: (cell)            | Email:                    |  |  |  |
| Emergency contact 2:                      |                          | Relationship Participant: |  |  |  |
| Phone: (home)                             | Phone: (cell)            | Email:                    |  |  |  |
| Pre-existing injuries and/or illness(es): |                          | Dietary restrictions:     |  |  |  |
| Allergies:                                |                          | Medication(               | 5):                                    |  |  |
|   | Yes 📮 No                 |                           |  |  |  |
| Swimming ability:                         |                          |                           |  |  |  |
| Cannot Swim                               | (Doggy paddle) 🛛 Average | (tread water ~2           | 2 mins) 🛛 Strong (tread water 5+ mins) |  |  |
| <u>Additional information:</u>            |                          |                           |  |  |  |
|   |                          |                           |  |  |  |





ADVENTURE WAIVER

### RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT (hereinafter referred to as the "Release Agreement") BY SIGNING THIS DOCUMENT YOU WILL WAIVE OR GIVE UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE OR CLAIM COMPENSATION FOLLOWING AN ACCIDENT

### **PLEASE READ CAREFULLY!**

SIGNATURE OF PARTICIPANT

| Name    | Last   | First |       |          | Middle Initial |
|---------|--------|-------|-------|----------|----------------|
| Address | Street |       |       |          |                |
|         | City   |       | Prov. | Postal C | Code           |

The British Columbia Wildlife Federation (BCWF) and its directors, officers, employees, instructors, guides, agents, representatives, independent contractors, subcontractors, suppliers, sponsors, successors, and assigns (all of whom are hereinafter as the "Releasees")

#### ADVENTURE ACTIVITIES: Wild Kidz (to be referred to as "ADVENTURE")

#### DEFINITION

In this Release Agreement, the term "Adventure," shall include all activities, events, or services provided, arranged, organized, conducted, sponsored or authorized by the Releasees and shall include, but is not limited to "Adventure"; "Adventure" rental, orientational and instructional courses, seminars and sessions, travel, transport, and accommodation; and other such activities, events, and services in any way or connected with or related to "Adventure".

#### **PROTECTIVE EQUIPMENT**

I have been advised to wear all protective equipment that is required by the rules and regulations of the governing body of my sport.

#### **ASSUMPTION OF RISK**

I am aware that **"Adventure"** involves many risks, dangers, and hazards. The risks, dangers, and hazards, including but not limited to: loss of balance; difficulty or in ability to control one's speed and direction; variation or steepness in terrain; rapid uncontrolled acceleration on hills and inclines; mechanical failure of equipment; variation or changes in playing surface including rocks, gravel; changing weather conditions; exposure to temperature extremes or inclement weather; exposure to bodies of water including swimming pools, lakes, rivers; travel or transport to and from the sites used for **"Adventure"** travel on highways and backcountry roads; encounters with domestic and wild animals including dogs, bears, and cougars; collision with pedestrians, motor vehicles, cyclists, and other players; failing to play safely or within the limitations of one's own abilities, negligence of other participants; and NEGLIGENCE ON THE PART OF THE RELEASEES, INCLUDING THE FAILURE ON THE PART OF THE RISK RELEASEES TO SAFEGUARD OR PROTECT ME FROM THE RISKS, DANGERS, AND HAZARDS OF **"Adventure"**.

I AM AWARE OF THE RISK, DANGERS, AND HAZARDS ASSOCIATED WITH "Adventure" AND I FREELY ACCEPT AND FULLY ASSUME ALL SUCH RISKS, DANGERS, AND HAZARDS AND THE POSSIBILITY OF PERSONAL INJURY, DEATH, PROPERTY DAMAGE OR LOSS RESULTING THEREFROM.

Participant Initials:



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## BCWF YOUTH PROGRAMS CAMPER REGISTRATION

#### RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

In consideration of RELEASEES agreeing to my participation in "Adventure" and permitting my use of their services, equipment and other facilities, and for other good and valuable consideration, the receipt and sufficiency of which is acknowledged, I hereby agree as follows:

- TO WAIVE ANY AND ALL CLAIMS that I have or may in the future have against the RELEASEES AND TO RELEASE THE RELEASEES from any and all liability for any loss damage, expense or injury, including death, that I may suffer or that my next of kin may suffer, as a result of my participation in "Adventure", DUE TO ANY CAUSE WHATSOEVER, INCLUDING NEGLEGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUATORY OR OTHER DUTY OF CARE, INCLUDING ANY DUTY OF CARE OWED UNDER THE OCCUPIERS LIABILITY ACT, ON THE PART OF THE RELEASEES, AND FURTHER INCLUDING THE FAILURE ON THE PART OF THE RELEASEES TO SAFEGUARD OR PROTECT ME FROM THE RISKS, DANGERS, AND HAZARDS OF PARTICIPATING IN "Adventure" REFERED TO ABOVE;
- 2. TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES for any and all liability for any property damage, loss or personal injury to any third party resulting from my participation in **"Adventure"**;
- 3. This Release Agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives, in the event of my death or incapacity;
- 4. This Release Agreement and any rights, duties, and obligations as between the parties to this Release Agreement shall be governed by and interpreted solely in accordance with the laws of the province where the **"Adventure"** takes place and no other jurisdiction; and
- 5. Any litigation involving the parties to this Release Agreement shall be brought solely within the province where the **"Adventure"** takes place and shall be within the exclusive jurisdiction of the Courts of that province.

In entering into this Release Agreement I am not relying on any oral or written representations or statements made by the Releasees with respect to the safety of participating in "Adventure"; other than what is set forth in this Release Agreement.

I CONFIRM THAT I HAVE AND UNDERSTOOD THIS RELEASE AGREEMENT PRIOR TO SIGNING IT, AND I AM AWARE THAT BY SIGNING THIS RELEASE AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS, ASSIGNS AND REPRESENTATIVES MAY HAVE AGAINST THE RELEASEES. THIS INCLUDES GIVING UP THE RIGHT TO SUE THE BC WILDLIFE FEDERATION AND ANY OF ITS DIRECTORS, OFFICERS, EMPLOYEES, AGENTS, INDEPENDENT CONTRACTORS, SUBCONTRACTORS, SPONSORS, SUCCESSORS, ASSIGNS, REPRESENTATIVES, AND ASSOCIATES.

This is to certify that I, \_\_\_\_\_\_\_\_\_(please print name) as parent/guardian with legal responsibility for this participant, do consent and agree to the release, as provided above, of all the Releasees, and, for myself, the participant, my heirs, next of kin, executors, administrators, and representatives release and agree to fully indemnify the Releasees from any and all liabilities PERTAINING TO MY MINOR CHILD'S PARTICIPATION in **"Adventure"**, even if arising from the negligence of the Releasees. Before I signed this Release Agreement, I read it. I state that I understand it. I am aware that by signing this Release Agreement, I am waiving certain legal rights which my legal representative may have against the Releasees and which the Participant may have against the Releasees. In the event of my death or the death of the Participant, by signing this Agreement, I am waiving all legal rights which the Legal Representatives of the participant may have against the Releasees.

Signature of parent/guardian

Name of parent/guardian (print name clearly)

Signature of Witness

Name of Witness (print name clearly)

Date

Date



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