

Kids Zone Day Camp Waiver 2020

Camper 1 _____ Date of Birth _____ Age ____

Camper 2 _____ Date of Birth _____ Age ____

Camper 3 _____ Date of Birth _____ Age ____

I am requesting, as the parent or legal guardian of the camper(s) identified above (the "Camper"), that he/she be allowed to participate fully in all activities of Kids Zone Day Camp (the "Camp"). I understand that there are risks to the Camper(s) involved in the activities of the Camp and I accept those risks on behalf of the Camper(s), which risks may include the risk of serious bodily harm, contracting a disease such as, but not limited to, COVID-19, damage to personal property, and death. On my behalf and on the behalf of the Camper(s), I waive any right and release and discharge any claims or causes of action whatsoever that I and/or the Camper(s) may have now or in the future against the Seventh-day Adventist Church (British Columbia Conference), Church in the Valley, Fraser Valley Adventist Academy, the Camp and their affiliates, members, directors, officers, leaders, agents, volunteers and/or employees (together defined as "SDABCC") arising out of or in any way connected with the Camper(s)'s participation in the activities of the Camp. I further agree to indemnify and hold harmless SDABCC from any actions, suits, claims, demands whatsoever that the Camper(s) may have or may bring against SDABCC arising out of or in any way connected with the Camper's participation in the activities of the Camp.

I have disclosed any and all medical conditions and/or allergies from which the Camper(s) suffers. I hereby authorize and consent to SDABCC making the decisions with respect to the medical treatment and or hospitalization for and on behalf of the Camper(s) while the Camper(s) is at Camp. The Camp staff will attempt to inform the parent or legal guardian of such an occurrence as soon as it is reasonably possible to do so.

The Camper(s) and I support the policies of the Camp and agree to be bound and abide by them.

I acknowledge and agree that the information in this Registration Form is collected to assist in the implementation of Camper's activities at the Camp. It will be used for the purpose of implementing those activities, for contacting me as deemed necessary and for providing or arranging for medical treatment for the Camper(s). The information will be provided to those providing medical treatment to the Camper(s).

I agree that SDABCC may use photographs, videos or other images of the Camper(s) for the purpose of promoting the Camp or the programs of SDABCC. (if you don't want photos of Camper(s) used to promote the camp, cross out this paragraph and initial here _____)

SIGNATURE of Parent or legal guardian

PRINT Name of parent or legal guardian

Date

(After this form is completely filled out, please scan and email to camp@actsofkindness.ca)

*updated June 2, 2020