

APPENDIX — C

Acknowledgement of Risks & Agreement to Hold Harmless

CAMP JUBILEE RETREAT & CONFERENCE CENTRE

PLEASE READ CAREFULLY!

THIS FORM MUST BE FILLED OUT FOR ALL STUDENTS AND ADULT SUPERVISORS ATTENDING CAMP

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND ASSUMPTION OF RISKS AGREEMENT (HEREINAFTER REFERRED TO AS THE "RELEASE AGREEMENT").

BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE OR CLAIM COMPENSATION FOLLOWING AN ACCIDENT.

Activities involved in this trip may include (but are not limited to) hiking, orienteering, canoeing, rock climbing, rappelling, ropes courses, sports and games, swimming, archery, kayaking as well as various leadership activities and team building challenges and initiatives.

I understand that outdoor 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 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 school/organization is not always equipped with the skills, training, equipment and insurance necessary to undertake these types of educational activities, and will at need to enlist the aid of outside agencies that embody and abide by high professional standards within their industry.

I acknowledge that the outside agencies involved in this particular educational trip at Camp Jubilee Retreat and Conference Centre include the Camp Jubilee Society and Indian Arm Management Services Ltd. and that they have both read and sanctioned this agreement.

I expressly agree and promise to accept and assume all of the risks existing in this activity that are in my control. I do not have to participate in the activities if I do not feel comfortable or confident in doing so. I certify that I have no medical or physical conditions that could interfere with 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 understand that both the school/organization and above-mentioned outside agency or agencies will approach this trip with both care and planning. While the trip is underway, they will endeavor to instruct, protect and care for my well being, including making decisions regarding my medical care. I also understand that, following all trip activities, they will continue to maintain professional standards of behavior.

I understand that I will be expected to uphold the standards of behavior expected of the school/organization. I will be expected to listen to and honor any request, suggestion, advice or rule given by the staff, employees of the outside agencies selected by the school/organization and other supervising adults on the trip, with the understanding that this is in the best interest of all participants. I will be expected to act with responsibility and care for myself and for others on the trip.

I understand that school/organization and camp staff will take reasonable steps to prevent injuries to participants. Some degree of risk is inherent in the nature of this activity and may occur without fault on the part of the participant, organization or Camp Jubilee Retreat and Conference Centre including the Camp Jubilee Society and Indian Arm Management Services Ltd. By allowing your child to participate in this activity, you are agreeing that the activity described above is suitable for your child, and that there is a risk of injury associated with the activity.

I am aware that there are risks involved in this program, and have decided that I am prepared to participate in the program and all activities involved in the program. I am content to proceed on the trip as I wish. **Photo Release:** I give permission to use my photo and/or video image in any Camp Jubilee promotional material (i.e. newsletter, social media or other related publication).

Name of School/Organization: CHHA-BC Youth Peer Support Program

Participant	Signed this _____ day of _____, 20____.		Signature:		Last Name:		First Name:		
	Street:			City:		Prov/State:		Postal/Zip Code:	
	Age:		Sex:		Email:			Phone Number: () -	

Yes, please send me special offers and Camp Jubilee news by email!

Emergency Contact:		For Participants under the age of 19	Parent/Guardian	
Relationship:			Name:	
Phone #:			Parent/Guardian	
				Signature:
Please list any health conditions or medical issues that we ought to be aware of (previous injuries, medications, allergies, dietary needs, etc..)				