

# DISCLOSURE, CONSENT AND RELEASE FORM (4-18 YEARS)

**BRING THIS FORM WITH YOU TO THE FIRST DAY OF YOUR PROGRAM.**

Personal information contained on this form is required for the operation of the Summer Camp Program and is collected under the Personal Information Protection Act for the purpose of enrolling children in our summer camp program and managing their participation in that program. The information is kept confidential will only be used and disclosed in accordance with the Personal Information Protection Act.

**PLEASE READ THIS FORM CAREFULLY AND COMPLETE IT FULLY. IT WILL AFFECT YOU AND THE PARTICIPANT'S LEGAL RIGHTS.**

Camp Name: \_\_\_\_\_ Start Date: \_\_\_\_\_ Activity #: \_\_\_\_\_

## A. PERSONAL INFORMATION

Participant's First Name: \_\_\_\_\_ Participants Last Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Parent Email: \_\_\_\_\_

## B. EMERGENCY CONTACTS

Parent/Guardian/Other

Name:

Relationship:

Phone #:

Phone #:

Parent/Guardian/Other

Name:

Relationship:

Phone #:

Phone #:

Parent/Guardian/Other

Name:

Relationship:

Phone #:

Phone #:

## C. MEDICAL INFORMATION

We ask that you complete the portion below completely and carefully. Staff rely on this information to provide medical treatment to your child if there is an accident or other need for medical treatment during the program.

Doctor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Care Card #: \_\_\_\_\_

1. Does the participant require medication(s) that need to be administered during the program (for example: inhalers)? If yes, you must complete an "Administration of Prescribed and Non Prescribed Medication" form.

YES NO

Do you give your child permission to administer their own medication?

YES NO

2. Please describe any allergies (include those to food, medication, environment).

3. Does the participant have any allergies or sensitivity to sunscreen? YES NO

4. Describe any fears that staff should be aware of (for example: water, bees).

5. Please list any family information or special instructions that the staff should be aware of:

**D. MEDICAL RELEASE**

In the event that my child \_\_\_\_\_ is injured, ill or in need of medical attention, I authorize TWU staff or agents to seek medical attention and /or admit my child to hospital if I am unable to be contacted or am otherwise unable to respond in sufficient time.

Initial of Parent/Guardian \_\_\_\_\_

**E. PHOTO/VIDEO RELEASE**

Promotion materials and advertising that highlight our program will be made during the course of the program. This will include capturing photograph images and video recordings. I agree that Trinity Western University has the sole ownership of and copyright in such photographs and videos and the right to use, publish and distribute them in its discretion. I grant permission for my child to have photos/videos taken at camp and allow them to be used for future camp promotional purposes.

Initial of Parent/Guardian \_\_\_\_\_

**F. PARENT/GUARDIAN ACKNOWLEDGEMENT AND CONSENT:**

Your child will be involved in a number of activities as part of this program. These activities may include, but are not limited to, walking, running, and other team and individual sports. While our programs are supervised by trained staff who instruct participants with respect to participation and take reasonable precautions, there are known and unanticipated risks, dangers and hazards inherent in all such activities, including the risk of physical injury, illness or death, risk of psychological injury or illness and risk of property loss or damage. I acknowledge that these risks, dangers and hazards cannot be eliminated and can arise from over-exertion of my child, actions of my child and the actions or omissions (including negligent or wrongful actions or omissions) of other participants, Trinity Western University and its staff members. Except as expressly set out below, by signing this form, you are representing that your child is in proper physical condition for all such activities and you grant your consent for your child to participate in them. You understand that it is your obligation to consult with a physician in respect of any concerns or limitations that your child might have before providing this consent. You also acknowledge that neither Trinity Western University nor any of its employees or agents have made any representations to you about the quality of our program, activities related to our program or specific safety measures related to the same.

Knowing and understanding the program, activities and risks referenced in above paragraph, you freely agree to allow the participation of your child in the Camp Program and assume any and all such risks, dangers and hazards related to the same. You also acknowledge and agree that your child will be required to follow the rules established by Trinity Western University and the directions of our staff and that Trinity Western University has the right to refuse further participation by your child for any reason. You agree to indemnify and hold harmless Trinity Western University and its employees, officers, directors, governors and agents from and against any damages or injury caused to any of them, or any claims brought against any of them, in relation to arising out of or connected with your child's participation in the program including without limitation any failure by your child to follow the rules and directions of Trinity Western University or our staff members.

Limitations of your child participation, if any:

Initial of Parent/Guardian \_\_\_\_\_

**G. PICK UP AUTHORIZATION**

The following individuals are authorized to pick up my child from the program location. My child will only be released to the individuals listed below. Photo identification may be required.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Authorized Person      Relationship to Child

\_\_\_\_\_  
Authorized Person      Relationship to Child

\_\_\_\_\_  
Authorized Person      Relationship to Child

\_\_\_\_\_  
Authorized Person      Relationship to Child

**H. AUTHORIZED RELEASE**

My child is permitted to leave unaccompanied at the end of this program. YES      NO

**I. COVID-19 INFORMATION**

If your child has the following symptoms - fever, cough, shortness of breath, fatigue and muscle aches they will not be permitted to attend camp. Parents are to email or call to cancel. We will ensure the participant can reschedule with no penalty when they are feeling better.

Camp participants will be asked to indicate their health status and attest that they are symptom-free each day at check-in.

It is the responsibility of the parent and camper to follow the guidelines provided by TWU , Fraser Health, Work Safe BC and the Province of BC to reduce the risk of contracting COVID-19.

**J. PARENT/GUARDIAN SIGNATURE**

I have read this form carefully, completed it fully and agree to allow my child to participate on the terms and conditions set out herein. I represent that I have authority to enter into the agreements set out in this form and to provide the consents and authorizations set out above on behalf of the participant.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date