



## Guardians of the Parks Summer Day Camp Registration

July 6 to 9, 2021 from 9:00 am to 4:00 pm

Pembina Nordic Centre, 7010 Twp 494, Brazeau County

Email this completed form to [outreach@epbrparksCouncil.org](mailto:outreach@epbrparksCouncil.org)

*A Summer Day Camp for Kids aged 8 to 11 years old.*

*Explore Eagle Point Provincial Parks, hone your outdoor skills through games, crafts, team activities and more.*

### Cost and Payment Instructions:

\$185.00 per participant

Payable via e-transfer to

[bev@epbrparksCouncil.org](mailto:bev@epbrparksCouncil.org)

OR by cheque payable to:

**Eagle Point-Blue Rapids Parks Council,**

**Box 7355,**

**Drayton Valley, Alberta**

**T7A 1S6**

**Phone: 780-898-7275**

### Participant Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Participant's Date of Birth: \_\_\_\_\_

Participant's Alberta Health Care Number: \_\_\_\_\_

**Names of Participant's Legal Guardians:** \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

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

### Emergency Contact #1

Name: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Emergency Contact #2

Name: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_



## **Release of Liability, Waiver of Claims, Assumption of Risk and Indemnity Agreement**

Program Facilitator: Eagle Point-Blue Rapids Parks Council Program:

Date: July 6 to 9, 2021

Program: Guardians of the Parks Summer Day Camp

Location: Pembina Nordic Centre, located within Eagle Point Provincial Park

To: Eagle Point - Blue Rapids Parks Council (the "Parks Council") and its Directors, officers, employees, representatives and agents (collectively called the "Agents").

1. I agree as a precondition to the Participant's participation in the Program and in consideration of the Parks Council allowing the Participant to do so, that I will strictly be bound by the terms of this Release of Liability, Waiver of Claims, Assumption of Risk and Indemnity Agreement (the "Agreement").
2. I acknowledge that accidents can occur with or without any fault on the part of the Participant, the Parks Council or the Agents and that participation in the Program is at the Participant's own risk.
3. In the event of any accident or illness affecting the Participant, I authorize the Parks Council and the Agents to authorize, on my behalf, all procedures, including admission to hospital and any necessary treatment therein deemed essential for the care and well being of the Participant. Such action is only to be taken when immediate authorization from the undersigned cannot be obtained. It is understood that the Parks Council and the Agents are not responsible for any medical care costs.
4. I understand and fully accept the Parks Council reserves the right, at any time, to refuse, without penalty or any obligation to refund any amount paid, continued participation in the Program by any person who at the sole discretion of the Parks Council becomes a hazard to themselves, other Program participants, Parks Council staff or animals.
5. I hereby waive any and all claims which I may have against the Parks Council and the Agents and release and indemnify the Parks Council and Agents from any and all liability for injury, death, property damage or any other loss sustained by the Participant or the Participant's next of kin as a result of participation in the Program, due to any cause whatsoever, including, without limitation, negligence, breach of contract, or breach of any statutory or other duty of care by the Parks Council or the Agents.
6. I acknowledge and agree that this Agreement limits the liability of the Agents to the same extent as it limits the liability of the Parks Council, even though the Agents are not formal parties to this Agreement.

I have read and understood the release of liability in section 3 above.

## **Photographic and Video Images**

As a result of changes in copyright and various other legislations, including the Freedom of Information and Protection of Privacy Act (FOIP), organizations are required to get written

permission from parents before any of the children's work or photographic images can be displayed outside of the group. To indicate your permission please check the boxes below, complete the chart with participant names, and sign below:

With respect to the participants registered in Guardians of the Parks Summer Day Camp, I (the legal parent/guardian) hereby grant permission to the Eagle Point – Blue Rapids Parks Council to: (check items below)

- Record, photograph and tape (audio, video, still) my child/children.
- Display images of my child/children or their work on the EPBRPC website.
- Display images of my child/children or their work on EPBRPC social media channels.
- Do NOT grant permission to record, photograph or tape my child/children.

### **Parent and/or Guardian's Signature**

The information that I have provided is to the best of my knowledge true.

I have read this Agreement and understand that it contains a promise not to sue the Parks Council or the Agents and that it constitutes a release of liability and an indemnity for all claims. If the Participant is under the age of nineteen, I confirm that I am his or her parent or guardian and that I have executed the Agreement on behalf of the Participant. This Agreement will be binding on myself or my child or ward, as the case may be, and our respective representatives, heirs and assigns.

Signed and Dated at \_\_\_\_\_ on the \_\_\_\_ of \_\_\_\_\_, 2021

Parents' or Guardians' Names (Printed) \_\_\_\_\_

Parents' or Guardians' Signatures: \_\_\_\_\_

Witness's Name (Printed): \_\_\_\_\_

Witness's Signature: \_\_\_\_\_