Camp d'été FRANCOPHONE 2016 Summer Camp

L'Association des francophones de Nanaimo

À VOTRE SERVICE DEPUIS 1978 - SERVING YOU SINCE 1978

# L'ASSOCIATION DES FRANCOPHONES DE NANAIMO

## SUMMER DAY CAMP PROGRAM 2016

## CONSENT, WAIVER OF LIABILITY AND ASSUMPTION OF RISK BY PARENT OR GUARDIAN

Between

L'Association des francophones de Nanaimo, society number S-0013792
31-1925 Bowen Road, Nanaimo, BC V9S 1H1

(the Association)

and

Name _____

Address _____

_____

Phone _____

E-mail _____

(hereinafter the Guardian)

**THIS DOCUMENT WILL AFFECT YOUR LEGAL RIGHTS, BY SIGNING THIS DOCUMENT YOU WILL AGREE TO GIVE UP THE RIGHT TO SUE.**

IN CONSIDERATION FOR AND AS A CONDITION OF THE ASSOCIATION ALLOWING THE PARTICIPANT TO PARTICIPATE IN THE ASSOCIATION'S FRENCH SUMMER CAMP PROGRAM, THE ASSOCIATION AND THE GUARDIAN AGREE AS FOLLOWS:

# Camp d'été FRANCOPHONE 2016 Summer Camp

L'Association des francophones de Nanaimo

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1. The Guardian is the legal guardian of and hereby grants permission to participate in the Association's French summer camp program (French Camp 2016) to:

_____ _____

**Child's** SURNAME, Given names **date of birth**

(the Participant)

2. The Guardian has completed a registration form for French Camp 2016 including the following information:

   a. the Participant's address;

   b. the Participant's health insurance number;

   c. the Participant's health status, including allergies, vaccination history, health problems or any known concerns;

   d. the Participant's medication, if any;

   e. contact information for the Guardian;

   f. contact information for the Participant's family doctor;

   g. other emergency contact information; and

   h. any other information the Guardian has disclosed to the Association.

3. The Guardian

   a. is aware that the French Camp 2016 program involves experiences including cooking, sports, games, excursions away from the site of French Camp 2016 and other activities (the Camp Activities);

   b. acknowledges the risks inherent in the Camp Activities, which Camp Activities could result in losses including but not limited to emotional trauma, financial cost, physical injury or death;

   c. understands that the Guardian can contact the Association to obtain more information about the risks involved in the Camp Activities before signing this document; and

   d. represents having sufficiently informed himself or herself about the nature of the Camp Activities and the risks associated with the Camp Activities.

4. The Guardian represents that the Participant is of a suitable fitness level to participate in the Camp Activities.

5. The Guardian grants the Association the right to refuse participation or further participation by the Participant in any of the Camp Activities as and when reasonably necessary.

6. If the Participant requires assistance to apply sunscreen, the Guardian gives permission to French Camp 2016 staff to apply sunscreen to the Participant.

7. The Guardian acknowledges and agrees that the Association will only provide supervision at scheduled times and that it is the responsibility of the Guardian to ensure adequate supervision of the Participant outside of those times.

8. The Guardian

   a. **acknowledges the risks** inherent in participation in Camp Activities;

   b. **assumes all risks and hazards** of, and incidental to, the participation of the Participant in French Camp 2016; and

   c. **waives and releases all right of claim for damages of any sort or any other claim or remedy of any sort** that the Guardian or the Participant may have against the Association in connection with the participation of the Participant in French Camp 2016.

**Guardian initial here: _____**

9. This agreement is binding on and enures to the benefit of the Guardian and the Guardian's agents, representatives, heirs, next-of-kin, executors, administrators, and assigns, the Association, and the Association's employees, agents, representatives, administrators, successors, and assigns.

DATED at Nanaimo, British Columbia, this _____ day of _____, 2016.

**READ BEFORE SIGNING**

| | | |
|---|---|---|
| _____ | ) | _____ |
| L'ASSOCIATION DES FRANCOPHONES DE NANAIMO | ) | Client signature |
| by its authorized signatory | ) | _____ |
| | ) | Print Name |
| Catharine Williams | ) | |
| Print name | ) | |
| 31-1925 Bowen Road Nanaimo, BC V9S 1H1 | ) | |
| Address | ) | |
| (250) 729-2776 or (250) 619-1057 | ) | |
| Phone | ) | |