



FAMILY WAIVER FORM

CAMP/RETREAT: _____ CAMP/RETREAT DATES: _____

NAME OF PARENT(S) / GUARDIAN(S): _____

NAMES OF CHILDREN:	_____	Age:	_____
	_____	Age:	_____
	_____	Age:	_____
	_____	Age:	_____
	_____	Age:	_____

ADDRESS: _____

CITY: _____ PROV: _____ POSTAL CODE: _____

AGREEMENT TO PARTICIPATE

Camps, retreats, and getaways are vigorous and energetic experiences. Participants need to be physically capable of carrying out camp activities. Activities can include walking up to one mile, running and exploring along bush trails and creeks, water sports, power tubing, games of strength, rigorous field and group games, high ropes course, zipline, using sharp craft tools, horseback riding at various gaits on the trail and in the ring, using bow and arrow, throwing axes, using playground equipment, hiking in mountainous terrain, playing paintball and laser tag, lake canoeing, whitewater rafting, power tubing, skating, going on hayrides, tobogganing/sledding, tubing, and travelling to and from activity sites in a vehicle. I/we, the undersigned, recognize that there are risks of injury and/or loss associated with such a camping program. Camp Caroline staff make the safety and well-being of each camp and participant a top priority, however, the possibility exists that injuries and/or loss could occur. Injuries and/or loss can range from minor cuts and abrasions to sprained joints, bee stings, animal attacks, major cuts, concussions, broken bones, and even death. With many people together in close proximity it is also possible for illness to transfer from one participant to another, which can include, but is not limited to, colds, flu, strep throat, COVID-19 and chicken pox. Should a participant become sick with a highly contagious illness, he/she will be separated from other camper families and sent home.

- ☐ I/We, the undersigned parent(s)/guardian(s) of the registering family, acknowledge that I/we have read and understood the above Agreement to Participate.

EXPECTATIONS OF THE PARTICIPANT

Participants are expected to carefully read and/or listen to any rules or expectations provided by Camp Caroline prior to or upon arrival or at the beginning of the session or activity. Participants are also expected to assist Camp Caroline staff by calling attention to situations which may cause injury to oneself or other participants.

- ☐ I/We, the undersigned parent(s)/guardian(s) of the registering family, acknowledge that I/we have read and understood the above Expectations of the Participant.

The ministry of Camp Caroline exists to encourage first steps in a life-long journey with Jesus; next steps that follow him faithfully; and servant-leadership that exemplifies his compassion and concern for others. Camp Caroline reserves the right to terminate a booking at their discretion if a member of your family is contravening the objectives or regulations of the camp in any way.

- ☐ I/We, the undersigned parent(s)/guardian(s) of the registering family, agree to honour and respect the objectives and regulations of the camp.

ASSUMPTION OF RESPONSIBILITY

I/We, the undersigned participant/parent/guardian, assume the responsibility for injuries to myself and/or my spouse and/or all children under my care while at Camp Caroline, and I/we will not bring an action against Camp Caroline for damages which arise from these injuries. I/we, the undersigned participant/parent/guardian, acknowledge that I/we have read the above paragraphs, and have completed the registration fully and truthfully. In the case of accident or illness, I/we must pay for any emergency transport and hospital/physician/medical expenses.

- ☐ Our family will not come to Camp Caroline if anyone in our household shows signs of any contagious illness (vomiting, diarrhea, pink eye, chickenpox/measles/rash, pink eye, cough, fever, runny nose, sore throat, shortness of breath, etc.) not related to a known, non-contagious, pre-existing condition.
- ☐ I/We, the undersigned parent(s)/guardian(s) of the registering family, acknowledge that I/we have read and understood the above Medical Permission, Release, Commitment, and Assumptions of Responsibility.

PHOTO/VIDEO RELEASE

I/We also give Camp Caroline permission to use pictures and/or videos that may be taken of us during the camp session for promotional purposes.

- ☐ I/We, the undersigned parent(s)/guardian(s) of the registering family, acknowledge that I/we have read and understood the above Photo/Video Release.

CANCELLATION INFORMATION

- Non-Refundable Deposit:** A deposit of \$50/person is required at the time of registration and is non-refundable.
 - Cancellation Before June 15:** If you cancel your registration before June 15, the \$50/person deposit will be retained, and all other fees paid will be fully refunded.
 - Cancellation Between June 15 and Two Weeks Before Camp:** If you cancel between June 15 and two weeks prior to the start of camp, 50% of the base fee will be retained, and the remaining balance will be refunded.
 - Cancellation Within Two Weeks of Camp:** If you cancel within two weeks of the camp start date, 100% of the base fee will be retained. However, any program option fees, store tabs, and t-shirt costs will be refunded. In cases of family emergency or illness*, all fees except the \$50/person deposit will be refunded.
- ☐ I/We, the undersigned parent(s)/guardian(s) of the registering family, acknowledge that I/we have read and understood the above Cancellation Information.

I certify that I am the parent or legal guardian of this family:

- ☐ Yes, I am the parent or legal guardian of this family.

Parent(s)/Guardian(s) Signature: _____ Date: _____