

GROUP MEMBER CONSENT FORM

OFFICE USE ONLY

Group:

Dates Of Stay:

WHAT IS THIS FORM? All individuals who come to Camp Qwanoes with a group are required to complete this form and give it to their group leader. The group leader is required to give these completed forms to the Guest Group Leader at Camp Qwanoes upon arrival.

CONSENT & RELEASE

The guest group will be responsible to satisfy itself that the participants of any activities have the appropriate ability, provide any necessary supervision by responsible persons, and ensure that all individual safety requirements are observed by participants.

Without assuming any liability, and in the interests of safety, Camp Qwanoes reserves the right, through any of its responsible employees, to insist upon all appropriate safety rules and procedures being observed and upon any degree of supervision it considers advisable being provided by the guest group, and to limit or terminate the use of any such activity as it may consider advisable.

Each guest group member must be covered by the British Columbia Medical Services Plan or equivalent health insurance, and provide Camp Qwanoes with the required signed medical consent forms. In the event that a guest requires medication, X-ray, or treatment beyond that which is possible at Camp Qwanoes, the guest group will be charged with the additional expense of transportation and special care. It is the responsibility of the guest group to notify the affected guest's family.

I/We authorize the administration of any first aid treatment necessary at Camp Qwanoes, and in the case of medical emergency, give permission to the physician involved to hospitalize and/or secure proper treatment for my child as named below. In this event every effort will be made to contact parents or guardians.

For valuable consideration, the receipt of which is hereby acknowledged, the undersigned hereby releases and forever discharges Camp Qwanoes and its servants, agents, and employees from any and all actions, causes of action, claims and demands whatsoever, whether existing as of this date or in the future, and whether arising from the use of Camp Qwanoes or otherwise. I/We understand that for the safety of everyone on site, Qwanoes reserves the right to inspect or examine guests luggage or belongings if deemed necessary by a camp director. I/We understand that sometimes supervised camp activities occur in the area adjacent to Camp Qwanoes, including Maple Mountain and I/we absolve the Municipality of North Cowichan of any liability for this use. Permission is also given to have photos/videos taken at camp used for future camp promotional purposes.

NOTE: Each person under 18 years of age REQUIRES the signature of parent/guardian.

GUEST SIGNATURE

DATE SIGNED

PARENT/GUARDIAN SIGNATURE

DATE SIGNED

PRINT NAME

PRINT NAME

GUEST BC CARE CARD OR MEDICAL NUMBER



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