

**BEDDINGTON SUMMER CAMP – CAMPING WAIVER**

Please read this form carefully and be aware that in registering your child for participation in this program, you will be waiving and releasing all claims for injuries your child might sustain arising from this program. I hereby agree as follows:

I fully understand and acknowledge that: (a) risks and dangers exist in my child's use of camping equipment and my child's participation in camping activities; (b) my child's participation in such activities and/or use of such equipment may result in injury or illness or death or damage to personal property (c) these risks and dangers may be caused by other participants, or by accidents, or by the forces of nature or other causes. Risks and dangers may arise from foreseeable or unforeseeable causes including all risks, hazards and dangers that are integral to recreational activities that take place in a wilderness, outdoor or recreational environment; and (d) I hereby accept and assume these risks and dangers.

I have been advised that my child must bring the required and appropriate clothing, personal items and equipment. I affirm that my child will not be under the influence of alcohol or controlled substance, and will not carry, use, or consume these substances during scheduled activities.

I agree to waive and relinquish all claims my child or I may have as a result of participating in the program against the Beddington Summer Camp, its employees and Child and Family Services. I do hereby fully release and discharge the Beddington Summer Camp, its employees and Child and Family Services from injuries, including death, damage, or loss which I or my child may have or which may occur to me or my child on account of their participation in the program.

I understand that the Province of Alberta and Child and Family Services does not endorse overnight camp trips as a necessary part of childcare. I hereby release Child and Family Services from any issues arising from the overnight camp trip.

In case of accident or sickness, I consent to emergency medical care for my child provided by ambulance or hospital personnel. I understand that any fees associated with this care will be my responsibility.

My child is in good health. I understand that physical exertion may be required and my child has no known physical disabilities or health problems, which will present any risk to his/her participation in outdoor recreational activities. The above agreement shall be binding on my heirs, successors, assigns, administrators and executors.

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**I have read, understood and will comply with the above information fully and by signing it agree.** It is my intention to grant permission for my child to participate with the Beddington Heights Summer Camp Program camping trip(s) and any activity associated with camping, and to assume and accept all risks associated there within.

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I hereby grant permission for my child \_\_\_\_\_ to participate in camping and all other activities associated with camping, with the Beddington Summer Camp Program during the week of July 25-28, 2017.

Date: \_\_\_\_\_ Parent Signature: \_\_\_\_\_