



Please read this document through carefully. We require that the participant sign in the places indicated.

L.I.T. Assumption of Risk Agreement and Release Waiver

1. I acknowledge that I have, to my satisfaction, investigated the beliefs of Peace Country Wilderness Camps, the nature of the activities participated in, the purpose and itinerary of the said camp, and agree to attend PCWC Leader-In-Training weekends, for the purposes of leadership development and staff training. I voluntarily assume responsibility for any potential risks.
2. I, _____, am willing to participate in all Peace Country Wilderness Camp L.I.T program activities. I understand that participation in these activities involves some inherent risk, and accept all risk and dangers therein.
3. I, my heirs, executors and administrators release and forever discharge Peace Country Wilderness Camps, its trustees, directors, staff, volunteers, and management from any loss, personal injury, accident, misfortune or damages of any kind whatsoever, foreseen and unforeseen, to myself or my property, as a result of the participation in PCWC. I understand that reasonable precautions shall be taken to ensure the health and safety of myself and my belongings. I have provided Provincial Health Care or equivalent medical insurance for myself.
4. The signature provided below, gives Peace Country Wilderness Camp and/or its designate permission to transport the camper off-site for various program activities or to receive medical attention. **This signature gives the Camp Director the right to arrange for any special services or other requirements necessary for the best interests of the LIT and the right to obtain medical attention necessary for the LIT's welfare and good health.** In such a situation, a representative from Peace Country Wilderness Camps will attempt to notify the emergency contact as soon as possible. The participant is responsible for any additional expense that may be incurred from such services.
5. I also give permission to Peace Country Wilderness Camps to use photographs, slides, or video recordings of myself or my dependents for purposes of promoting Peace Country Wilderness Camps.

Printed name of Participant

Signature of Participant

Printed Name of Witness

Signature of Witness

Date