



Please read this document through carefully, along with your child. We require that the parent or guardian and the child sign in the places indicated.

Assumption of Risk Agreement and Release Waiver

1. I, _____ the parent/guardian of, _____, am submitting this application and I have legal custody over the child. If any conditions of custody are applicable, I will communicate them in writing to PCWC.
2. 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 am fully aware that my child is attending PCWC Leader-In-Training weekends, for the purposes of leadership development and staff training. I voluntarily assume responsibility for any potential risks.
3. I, the parent/guardian of the above-named camper, give full permission for the camper 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.
4. I, the parent/guardian, 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 the above-named camper or his/her property, as a result of the participation in PCWC. I understand that reasonable precautions shall be taken to ensure the health and safety of the above-named camper and his/her belongings. I have provided Provincial Health Care or equivalent medical insurance for myself or my child.
5. The signature of the parent/guardian 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 camper and the right to obtain medical attention necessary for the camper's welfare and good health.** In such a situation, a representative from Peace Country Wilderness Camps will attempt to notify the parent/guardian as soon as possible. The parent/guardian is responsible for any additional expense that may be incurred from such services.
6. 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 Parent/Guardian

Signature of Parent/Guardian

Printed Name of Child

Signature of Child

Date