

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.

Camper 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 wilderness camping in this setting involves potential risks. I voluntarily assume responsibility for any potential risks.
3. I agree to contact PCWC and the Director of my child's camp to discuss any concerns regarding my child's physical, mental or emotional fitness as noted on the application form (Section 4) as my child's ability to remain at camp is dependent upon this.
4. I understand that the Camp Director has the right to dismiss my child, if in his opinion, there is a hazard to the safety or rights of others, or if he or she appears to have rejected the reasonable controls of camp.
5. I, the parent/guardian of the above-named camper, give full permission for the camper to participate in all PCWC activities. I acknowledge that trail rides involve risks and danger associated with the use of horses which, regardless of their training and past behavior, may act or react unpredictably at times, based on instinct or fright. I understand that back country trail rides, hikes, water related activities, archery or wide games, and transportation to such activities involve additional risks and dangers. Dangers include inclement weather, which can be extreme and can change rapidly without warning. There are inherent risks because of the remote locations that we use (i.e. mountainous terrain where natural hazards abound, or creek and river crossings by horse.) I understand that my child could become lost or separated from their guide, and rescue and communication can be difficult and medical treatment may be unavailable. **I fully understand the risks and dangers involved in these activities and accept the same entirely at my own risk.**
6. 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.
7. 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 also gives the Camp Director the right to administer basic first aid, which may include, but is not limited to, administering over-the-counter medicines and drugs such as Tylenol or Ibuprofen at the Director's discretion; to obtain medical attention necessary for the camper's welfare and good health, and to arrange for any special services or other requirements necessary for the best interests of the camper.** 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.
8. I also give permission to Peace Country Wilderness Camps to use photographs, slides, or video recordings of myself or my child for purposes of promoting Peace Country Wilderness Camps.
9. I have read the enclosed material and agree to be responsible for payment of fees due to camp.

Printed name of Parent/Guardian

Signature of Parent/Guardian

Date

Printed name of Child

Signature of Child

