



Camp Parental & Emergency Consent Form

Thank you for choosing Camp Wonderstruck!

Please fill out the following forms included below: (1) Health & Emergencies, (2) Photo and Video Release, (3) Assumption of Risk (4) COVID-19 Risk Form

1. Health & Emergencies

Please complete this form, save it to your computer, and email the signed form to wonder.northvan@gmail.com, or bring a hard copy with you on the first morning you drop off your camper.

Please note:

- All information on this form is confidential.
- It is the responsibility of the parent/guardian to update emergency information. Please advise staff of any changes. - Contact our staff if you have any questions about this form or the camp after registration by emailing wonder.northvan@gmail.com.

Please type or print clearly and complete this form in full. Please check off all boxes to indicate your consent.

Camper Name: _____.

Camper's Personal Health Number (PHN): _____.



MEDICATION

I am aware that if my child brings medication to camp, I am required to contact the Director

	in advance of the camp. This includes: EpiPens, inhaler or other medication.
<input type="checkbox"/>	<p>PERMISSION FOR SUNSCREEN APPLICATION</p> <p>By checking this box, I hereby give consent to Camp Wonderstruck Staff to apply sunscreen to the exposed areas of my child/guardian's skin should they require assistance.</p>
<input type="checkbox"/>	<p>CONSENT TO SEEK MEDICAL ATTENTION</p> <p>It is our policy to notify a parent when a child is ill or needs medical attention. Occasionally we cannot contact parents and we need to get immediate help for the child. Please sign the consent below so that we can take appropriate action on behalf of your child. We will take this signed consent with us to the emergency center.</p> <p>I authorize the staff or person(s) in charge of my child's program to call a physician; take my child to the nearest emergency center; or summon an ambulance for emergency medical aid, should, in the opinion of the person(s) in attendance, feel such services are required and I cannot be contacted by phone. If such an emergency should arise, I shall be notified as soon as possible. I agree that any cost incurred for such services shall be the sole responsibility of me, the undersigned.</p>

I (Full Name) have completed the camp parental consent form on behalf of my camper (named on page 1), and understand that I give consent by ticking the above boxes in lieu of signature, on this date.

DATE: _____.

SIGNATURE OF PARENT/GUARDIAN:_____.

2. Photo & Video Release

Consent and Release to Record, Video and/or Photograph

For Parents and Guardians of Children Under the Age of 19

CAMP PARENTAL CONSENT FORM

By printing your name and signing below, you agree:

1. To grant Camp Wonderstruck permission to photograph or video your child's voice, performance/or appearance participating in the program, event or activity listed above.
2. That the resulting recordings or photographs of your child will be the sole and exclusive property of Camp Wonderstruck and Camp Wonderstruck will own the copyright in any such recordings and photographs.
3. To grant Camp Wonderstruck permission to produce, use, publish, display and distribute the resulting recordings and photographs of your child in whole or in part in any manner and in any media, including but not limited to the Camp Wonderstruck website, social media platforms and printed promotional materials such as flyers, either presently existing or created in the future, throughout the world and in perpetuity for educational, public information

and promotional purposes related to any Camp Wonderstruck program, event or activity.

4. That Camp Wonderstruck may edit, modify, alter and juxtapose the recordings and photographs of your child and incorporate them either in whole or in part with or without other material, including text and other recordings or photographs.

5. To waive any right to inspect or approve the recordings and/or photographs or any derivatives of them.

6. That by signing below, you release Camp Wonderstruck from all claims arising out of the use of a photograph or video taken during the program, event or activity listed above, including claims of invasion of privacy.

NAME OF CAMPER: _____.

NAME OF PARENT/LEGAL GUARDIAN: _____.

DATE: _____.

SIGNATURE OF PARENT/LEGAL GUARDIAN: _____.

If you have any questions or concerns, please email wonder.northvan@gmail.com.

3. Assumption of Risk

INFORMED CONSENT and ASSUMPTION OF RISK

For Participants Under 19 Years

Dear Parent or Guardian,

Thank you for choosing to register your child in Camp Wonderstruck. We request your understanding and cooperation in maintaining your child's safety and health by reading and signing the following Informed Consent and Assumption of Risk form.

The Informed Consent and Assumption of Risk form is an agreement between the custodial parent/guardian of the child participant named below, the child participant and Camp Wonderstruck. The intent of this form is to inform you and your child of the activities and expectations of our program so that the choice to participate in the program is made freely and with understanding of the associated benefits, risks and responsibilities.

***PLEASE READ ALL PAGES CAREFULLY – THE TERMS CONTAINED
HEREIN MAY AFFECT YOUR LEGAL RIGHTS***

I, _____ (name of Parent or Guardian), am authorized and request to have _____ (my "Child") participate in the Camp Wonderstruck (the "Program").

Benefits and Risks:

The activities offered as part of the Program are designed to pose appropriate challenges for participants in both indoor and outdoor environments.

The activities include but are not limited to: hiking on flat, sloped and/or uneven terrain; running, jumping, and rolling on various surfaces (including indoor floors, grass, gravel, forest floor and sand), jumping from heights such as off boulders, ledges and logs; crawling and climbing over and under, swinging from natural and man-made structures, wading into creeks or ocean, participating outdoors in various weather conditions including sun, heat and rain with variable air quality; and walking outings to community parks, trails and playgrounds, activities at indoor and outdoor destinations.

The enjoyment and education benefit derived from these activities is, in part, a result of risks inherent in these activities. The benefits of participation include developing self-confidence, physical literacy, self-esteem, and strategic problem-solving. **While Camp Wonderstruck attempts to minimize risk, it is neither possible nor desirable to eliminate all risk.**

I understand and agree that:

- a) the Program involves many inherent risks, which include but are not limited to the possibility of physical injury and that injuries sustained in an indoor or outdoor activity can be severe and even fatal;
- b) the Program requires a minimum level of physical, mental and emotional health (collectively 'health') and that my child is physically, mentally and emotionally fit to participate in the Program; and that the probability of an injury occurring depends in part on my Child's level of fitness and health as well as on the awareness, care and skill with which my Child conducts him or herself in the Program;
- c) by choosing to have my Child participate in the program, my child and I assume the above stated potential risks, and I assume full responsibility for all damages and loss resulting from their participation;
- d) I am free to withdraw my Child from the Program at any time. I have disclosed all relevant health conditions that may affect my Child's ability to participate in the Program to Camp Wonderstruck at the time of registration;
- e) I accept that my Child must follow and obey all instructions and rules given by those responsible for or in charge of the Program, that the instructions and rules are in place to provide a safe environment for the entire group, and that failure to follow instructions and rules may result in my child's removal from the program; and
- f) I acknowledge and agree that I have inquired about the nature of the Program and any activity that I am not completely familiar with and I have been informed of any inherent risks.

NAME OF CAMPER/PARTICIPANT: _____.

NAME OF PARENT/LEGAL GUARDIAN: _____.

DATE: _____.

SIGNATURE OF PARENT/LEGAL GUARDIAN: _____.

4. COVID-19 Risk Form

COVID-19 Assumption of Risk & Permission Form **BY SIGNING THIS DOCUMENT, YOUR AND YOUR CHILD'S LEGAL RIGHTS** **MAY BE AFFECTED *PLEASE READ CAREFULLY!***

Program: Camp Wonderstruck (the "Program")

COVID-19 remains a worldwide pandemic and a threat to our local health and safety. We know the following (this list is not intended to be exhaustive):

1. A virus, SARS-CoV-2, may be transmitted from person to person both indoors and outdoors;
2. SARS-CoV-2 causes an illness, COVID-19, which may cause a range of symptoms, and in severe cases may be fatal;
3. There is an inherent risk of contracting COVID-19 wherever people (adults or children) are gathered in groups of any size; and
4. The virus may be transmitted by people when they do not have symptoms.

By signing this form, you acknowledge and agree as follows:

1. Although Camp Wonderstruck has taken health and safety measures, there is an inherent risk of exposure to Camp Wonderstruck in any place where people, including children, are gathered in groups of any size, and this risk cannot be eliminated. Notwithstanding Camp Wonderstruck's health and safety measures, any participation in a group activity, including the Program, may result in infection with SARS-CoV-2, and sickness or death from COVID-19. You hereby assume all of the risks associated with SARS-CoV-2 and COVID-19 arising from your child's participation in the Program, and you assume full responsibility for all damages and loss resulting from such participation.

2. Camp Wonderstruck does not employ health professionals and does not screen for potential illness. You will not allow your child to participate in the Program or visit our site if:

(a) your child is experiencing any cold or flu symptoms

(b) your child has tested positive for Covid-19 in the last 5 days OR if their COVID-19 symptoms have not improved beyond the 5 days period. Please follow isolation requirements as outlined by the BC Centre for Disease control.

<http://www.bccdc.ca/health-info/diseases-conditions/covid-19/if-you-have-covid-19>.

3. Children returning from travel outside of Canada must not attend camp until they have complied with all current and applicable testing, quarantine or isolation orders for entry into Canada as required by the Federal Government. <https://travel.gc.ca/travel-covid>.

Note that if we observe any symptoms of respiratory distress or illness in your child, we reserve the right to prohibit their participation in the Program.

Lastly, it is vital that we all be calm and compassionate throughout this pandemic. Any person who exhibits any aggression towards our staff or any other person in one of our facilities and/or programs will be asked to leave and not return.

If you would like more information regarding the risks associated with COVID-19 for children, please review the following BC CDC publications:

<http://www.bccdc.ca/health-info/diseases-conditions/covid-19/covid-19-and-child>

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Parent/ guardian must initial the boxes below and sign this form.

Thank you.

<i>Initial here</i>	I/we have read, understand and agree to the Assumption of Risk and Permission Form.
<i>Initial here</i>	I/we have reviewed the Assumption of Risk and Permission Form with my/our child and have instructed our child to listen to and follow the instructions provided.

NAME OF CAMPER/PARTICIPANT: _____

NAME OF PARENT/LEGAL GUARDIAN: _____

DATE: _____

SIGNATURE OF PARENT/LEGAL GUARDIAN: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

Thank you! We look forward to embarking on a grand adventure together.



