



wildsight
Kimberley | Cranbrook

Camp Odyssey In The Fall

2020 Registration

Thank you for registering for Camp Odyssey in The Fall! Please complete the registration form below for each child you are registering. Participant fees must be paid in full before your registration will be confirmed. See below for E-Transfer information.

- I have read and understood the camp overview information on www.wildsight.ca/camp
- I have read and understood the Covid-19 disclaimer on www.wildsight.ca/camp

Child's Details:

First Name _____

Last Name _____

Date of Birth _____

Care Card Number _____

Allergies & Medical Conditions

Parent/Guardian Details:

First Name _____

Last Name _____

Street Address _____

Street Address Line 2 _____

City _____

Postal Code _____

State/Province _____

Phone Number _____

Daytime Phone Number (if different) _____

Email (required) _____

Alternate Emergency Contact:

Name _____

Relationship _____

Phone _____

Participation Fees:

Dates: Oct 13, 20, 27, Nov 3 2020

Fees: \$130 for all four sessions

Full payment required at time of booking

Payment must be sent by **E-Transfer to kimcran@wildsight.ca**, with the password "Camp2020".
Confirmation of registration will be sent once waiver form and correct payment have been received.

Photo Permission:

I give my permission for my child to appear in photos used by Wildsight Kimberley/Cranbrook for our website or materials used for our organization. Please circle:

YES

NO

Please also complete the Wildsight Waiver Form below



WILDSIGHT

RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

Please note that by signing this agreement, you give up the right to sue for any injury or damages, howsoever caused.

TO: Wildsight (“the Company”) and its directors, officers, employees, representatives and agents (collectively called “the Agents”).

I, _____ (parent, participant, or both) hereby sign this agreement on behalf of myself, my personal representatives, heirs and assigns.

(if applicable) **I** am the parent/guardian of _____ (the “Student”).

I agree as a precondition to my or my child’s participation in all events organized by “the Company” and/or “the Agents” including, but not limited to summer camps, wild nature tours, wilderness backcountry hiking and camping; weather; traveling in a school van on highway, secondary and bush roads (collectively referred to as “the Activities”) and in further consideration of “the Company” allowing me to do so, that I will be strictly bound by the terms of this Release of Liability, Waiver of Claims, Assumption of Risk and Indemnity Agreement (“the Agreement”).

I acknowledge that “the Activities” involve **inherent risks and dangers that may cause serious injury and possible death to participants.**

COVID-19 Acknowledgement: I acknowledge that “the Activities” involve **inherent risks and dangers that may lead to infectious disease, contracted through viruses, bacteria, parasites, and fungi, which may be transmitted through direct or indirect contact.**

I fully understand the risks and dangers associated with my participation in “the Activities” and **accept same entirely at my own risk.**

I hereby **waive any and all claims** which I may have against “the Company” and “the Agents” and release “the Company” and “the Agents” from **all liability** for injury, death, illness, property damage or any other loss sustained by me as a result of my participation in “the Activities”, **due to any cause whatsoever; including negligence, breach of contract, or breach of any statutory or other duty of care** by “the Company” and/or “the Agents”.

I appreciate that “the Agreement” limits the liability of “the Agents” to the same extent as it limits the liability of “the Company”, even though “the Agents” are not formal parties to “the Agreement”.

(continued on flip side of page)

I AM 19 YEARS OF AGE OR OLDER, AND I HAVE READ AND UNDERSTAND “THE AGREEMENT”. I UNDERSTAND THAT THIS DOCUMENT CONTAINS A PROMISE NOT TO SUE “THE COMPANY” AND/OR “THE AGENTS” AND THAT IT CONSTITUTES A RELEASE OF LIABILITY AND AN INDEMNITY FOR ALL CLAIMS. IF I AM THE PARENT AND / OR GUARDIAN OF THE PARTICIPANT I HAVE READ AND UNDERSTAND AND EXECUTE “THE AGREEMENT” ON BEHALF OF CHILD / WARD.

_____	_____
WITNESS	SIGNATURE PARTICIPANT or PARENT / GUARDIAN
_____	_____
DATE	PRINT NAME
_____	_____
	PRINT NAME OF CHILD / WARD (if applicable)