

Participant's Acknowledgement of Risks and Release

- Camp Seahorse (July 4-7) at Sherbrooke Lake Camp
- Camp Coyote (August 8-11) at Camp Mockingee
- Camp Puffin (Date & Location TBA)

Name of Participant (you may use preferred name as per registration form)

Date of birth:

The youth and their parent(s) or guardian(s) (collectively the "Undersigned") understand the nature and the inherent hazards and risks of the intended activities related to the trip described below (hereinafter referred to as the "Camp").

The Undersigned acknowledges that engaging in the Camp may requires a degree of skill and knowledge and that the youth has responsibilities as a participant.

When activities involve arduou8s physical activity, participants will have the choice to opt out of this programming. The Undersigned certify that the youth is fully capable of participating in the Camp and/or acknowledge that it is the participant's responsibility to notify leaders if there are activities that they are not able to participate in. The Undersigned accept full responsibility for any injuries or illnesses that the applicant may suffer during the trip, including, but not limited to, those resulting from any pre-existing medical conditions.

The Undersigned fully understand and appreciate the risk of injury, illness, property loss or theft, and even death inherent in the Camp. It is further understood that unforeseen circumstances may arise and The Youth Project shall not be held responsible for such circumstances or the consequences thereof. Notwithstanding the foregoing, nothing contained herein shall excuse The Youth Project, and its employees or volunteers from responsibility for its or their negligence or willful misconduct during the course of this trip.

The Camp may take place in a wilderness environment and may include but is not limited to: hiking, sports, swimming in lakes, biking, canoeing, and orienteering.

In addition to the hazards and risks described in the paragraph above, the hazards and risks of the Camp may also include, but are not limited to, the following: latent or apparent defects or problems in equipment provided by the Youth Project or outside service providers, acts of other participants in the Camp (including from the failure of other participants to follow instructions or obey safety regulations), weather conditions (including unforeseen, inclement or intemperate weather), consumption of food and drink, fire, first aid, emergency treatment, or other services rendered. Further, The Youth Project will not always have medical personnel (other than instructors that are certified in first aid) at the location of the Camp.

NOW THEREFORE, IN CONSIDERATION OF BEING PERMITTED TO PARTICIPATE IN THIS ACTIVITY, THE UNDERSIGNED ASSUMES ALL RISKS AND ACCEPTS FULL RESPONSIBILITY SURROUNDING THE YOUTH'S PARTICIPATION IN THE ACTIVITIES, THE TRANSPORTATION RELATED TO THE TRIP, AND ANY ACTIVITY UNDERTAKEN AS AN ADJUNCT THERETO, WHICH RISKS AND RESPONSIBILITIES INCLUDE FOR BODILY INJURY, DEATH, OR LOSS OF OR DAMAGE TO PERSONAL PROPERTY AND EXPENSES AS A RESULT OF THOSE INHERENT RISKS AND DANGERS IDENTIFIED HEREIN AND THOSE INHERENT RISKS NOT SPECIFICALLY IDENTIFIED, OR AS A RESULT OF THE YOUTH'S NEGLIGENCE IN PARTICIPATING IN THIS CAMP, AND THE UNDERSIGNED HEREBY WAIVES, RELEASES, AND ABSOLVES AND AGREES TO INDEMNIFY AND SAVE HARMLESS THE YOUTH PROJECT AND ITS EMPLOYEES AND VOLUNTEERS OF AND FROM ANY AND ALL LIABILITY ARISING THEREFROM, EXCEPT SUCH AS SHALL ARISE FROM ITS OR THEIR NEGLIGENCE OR WILFUL MISCONDUCT.

The Undersigned have carefully read, clearly understand, and accept the terms and conditions stated herein and acknowledge that this PARTICIPANT'S ACKNOWLEDGEMENT OF RISKS AND RELEASE shall be effective and binding upon each of the Undersigned, and their respective heirs, successors, assigns, personal representatives, estates and for all members of the youth's family.

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In accordance with youth protection policies we will not permit photographs, video or other images of young people to be taken without the consent of the youth or the parent if the youth is under 18.

The Youth Project will take all steps to ensure these images and/or videos are used solely for the purposes they are intended. If you become aware that these images are being used inappropriately you should inform The Youth Project immediately.

Consent information:	
<i>To be completed by youth:</i>	
<input type="checkbox"/> I give permission for my photograph to be used within The Youth Project for display purposes	
<input type="checkbox"/> I give permission for my photograph to be used within other printed publications	
<input type="checkbox"/> I give permission for my photograph to be used on The Youth Project's website	
<input type="checkbox"/> I give permission for videos of me to be used on The Youth Project's website	
<input type="checkbox"/> I give permission for my photograph to be used on The Youth Project's social media pages	
<input type="checkbox"/> I give permission for videos of me to be used on The Youth Project's social media pages	
Signature of youth:	Print name of youth:
Date:	

If the youth is under 18, consent must also be obtained from parents or guardians.

<i>To be completed by parent or guardian:</i>	
<input type="checkbox"/> I give permission for my youth's photograph to be used within The Youth Project for display purposes	
<input type="checkbox"/> I give permission for my youth's photograph to be used within other printed publications	
<input type="checkbox"/> I give permission for my youth's photograph to be used on The Youth Project's website	
<input type="checkbox"/> I give permission for my youth to be videoed for use on The Youth Project's website	
<input type="checkbox"/> I give permission for my youth's photograph to be used on The Youth Project's social media pages	
<input type="checkbox"/> I give permission for my youth to be videoed for use on The Youth Project's social media pages	
<input type="checkbox"/> I can confirm that I have read, or been made aware of how these images or videos will be stored within the organisation.	
Signature of parent:	Print name of parent:
Date:	

The authorization shall remain effective until revoked in writing and delivered to The Youth Project.

Signature of Youth and date signed:

Signature of Parent or Guardian and date signed:

If you have any questions or concerns regarding Camps, please contact us by phone or email at (902) 429 5429 or magda@youthproject.ns.ca