

ASSUMPTION OF RISK/PHOTO PERMISSION FORM



Please read this form carefully before signing it. This form must be signed, in ink, by all participants.

Rediscovery camp consists of activities such as hiking, packbacking, swimming, flat-water and moving water canoeing, expeditions in summer and winter, chores (eg. Cooking, carrying wood/water, chopping wood, active games, solos, traveling to and from activity sites in vehicles/vessels, and a wide range of activities which may include: loss or damage to personal property, injury, fatality due to: inclement weather, slipping, falling, insect bites, falling objects, immersion in cold water, dangerous animal encounters, equipment failure, suffering any type of accident or illness in remote areas without easy access to medical facilities, or while traveling to and from activity sites.

I, _____ (parent/guardian name) acknowledge that while Rediscovery staff (including contracted staff) will make every reasonable effort to teach me/my child proper outdoor techniques and to minimize exposure to know risks, all hazards and perils cannot be foreseen. I understand and voluntarily accept all risks associated with the Program.

I/my child have personal duty and responsibility to learn and to follow the safety standards, guidelines and procedures established by Rediscovery staff, and will make staff aware at any point where I question my knowledge of these standards, guidelines and procedures or my ability to participate in program activities.

I authorize Rediscovery Staff to provide emergency medical treatment for myself/my child. Swan Bay Rediscovery and Staff are not responsible for any cost of medical care or any other associated expenses.

From time to time photos will be taken at Swan Bay Rediscovery. With your permission the Swan Bay Rediscovery Program may use the photos and/or other agencies approved by Swan Bay Rediscovery Program. Chances are that your child may appear on photos, slides, or video to advertise or show how the Swan Bay Rediscovery Program is operating. With your permission, this may be the fact.

I hereby authorize the use of photographs of myself/my child that will be taken during the Swan Bay Rediscovery Program.

I agree to follow Rediscovery Program rules and staff directions. I acknowledge that program staff will remove me from the Program for my failure to comply with the program rules and staff directions, and I agree to bear any additional expenses associated with this.

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I waive all claims arising from participation in this program and hereby release all persons from liability caused by negligence or otherwise which I may ever have against Swan Bay Rediscovery, it's directors, staff and volunteers. My signature on this document is also intended to bind my successors, heirs, representatives, administrators and assigns.

I have carefully read and understand this form.

Participant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____