

# LANGARA COLLEGE SUMMER CAMPS REGISTRATION RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS & CONSENT

**PLEASE READ CAREFULLY BEFORE SIGNING!**  
By signing this documents , You and Your Child ("the Participant") will be giving up  
certain legal rights including the right to sue. \_\_\_\_\_(Initial)

**I hereby consent to my child participating in the Langara College Summer Camp Program for Summer 2019**

PLEASE SELECT CAMP(S):

**Arts – Photos, Music, Theatre**

- CSSP 1017- Capture Your Summer: Photography Camp July 22-26, 2019
- CSSP 1016- Introduction to Digital Music Production July 02-12, 2019
- CSSP 1019- Advanced Digital Music Production July 15-26, 2019

**Comics**

- CSSP 1002-Calling All Graphic Novel Fans: Graphic Novel and Magna Camp July 29-Aug. 2, 2019

**Computer & Tech**

- CSSP 1006 - Code Breaker: Introduction to Coding and Game Design July 02-12, 2019
- CSSP 1005 - Game On!Advanced Coding for Game Development July 15-19, 2019

**PARTICIPANT DETAILS, EMERGENCY CONTACT & MEDICAL INFORMATION (Complete this section fully)**

_____ Participant First & Last Name	_____ Date of Birth	_____ Gender	_____ Participant Cell Phone No.
_____ Parent/Guardian Name	_____ Home/Cell/Work Phone No.		_____ Alternate Emergency Contact, Relationship & Phone No.
_____ Address: Street & No, City, Province & Postal Code		_____ Allergies/Conditions/Other Health Considerations	
_____ List any Medications required by Participant		_____ Any Additional Information re Participant	

**MEDICAL TREATMENT AUTHORIZATION:**

In the event of illness or injury, I authorize a licensed physician or other medical care provider to carry out any emergency medical care for the Participant which may be necessary and agree to be fully responsible for any costs associated with such care or transport to a medical facility. I understand that the Participant is required to have medical health insurance. I further acknowledge that the Participant is responsible for administering any medication that he/ she may require.

**ACKNOWLEDGEMENT OF RISK**

I am aware that my child's participation in the camp activities will take place at Langara College campus with the potential for some programs to engage in some outdoor and/or offsite activities and that any and all activities associated with the camp(s) may present some inherent hazards and risks, including but not limited to: slips, trips and falls; strains and sprains; exposure to environmental conditions; inclement weather; failure of, improper or unsafe use of equipment; repetitive motion and prolonged standing, sitting, walking; travel risk by public or other transportation modes; loss or damage to personal property; and interaction with camp participants and others. I understand that the Participant will be solely responsible for her/his personal property and effects during the Summer Camp(s) and acknowledge that valuable items are discouraged from being brought to the camp(s).

**ASSUMPTION OF RISK**

I have reviewed the camp details and confirm that I am informed about the Activities and aware of any requirements that I must provide for the Participant's enrolment in the registered camp(s). The risks have been reviewed with and understood by the Participant. We freely and voluntarily assume the Risks inherent in the Activities, and understand and acknowledge that the Participant is responsible for undertaking any activity in a safe manner; however he/she could potentially suffer personal loss and/or serious injury. I have satisfied myself and believe that the Participant is physically, emotionally and mentally able to participate in the Activities. I will notify the camp instructor or the College if the Participant has any condition or requires any medication that may impair his/her ability to participate in the Activities or which may affect the Participant's interactions with the College's employees, instructors, supervisors, other camp participants or others. I acknowledge that it is my responsibility to advise the College of any medical or health concerns which may impact the Participant's involvement in the stated program or Activities and to ensure the College is notified if the Participant is unable, for any reason, to attend camp.

**WAIVER OF CLAIMS:**

In consideration of allowing the Minor Participant/my child to participate in the activities of the summer camps(s), I AGREE, to the greatest extent permitted by law, to waive any and all claims against and to hold harmless, release and indemnify the College with respect to any and all claims for loss, damage, injury and/or death, inclusive of any and all costs, that the Minor Participant/my child may suffer as a participant in the Summer Camp(s). I agree that any and all claims for loss, injury and/or death arising from my child's participation in the summer camps(s) activities shall be governed by the laws of the Province of British Columbia.

BY SIGNING ON BEHALF OF THE MINOR PARTICIPANT, I REPRESENT THAT I AM AUTHORIZED TO SIGN ON PARTICIPANT'S BEHALF and/or I AM THE PARENT OR LEGAL GUARDIAN OF THE MINOR PARTICIPANT and acknowledge that Participant is bound by all the terms of this Agreement. \_\_\_\_\_(Initial)

**PHOTO CONSENT:**

I grant the College the right of publicity to own and use any image collected of \_\_\_\_\_ (the Participant) while participating in the Activities of the Summer Camp for marketing of future summer camps. \_\_\_\_\_ **(Initial)**

As the parent or legal guardian of the Participant I have read and understand the contents of this Agreement and hereby consent to the Minor Participant's participation in the enrolled camp(s) on the terms and conditions as set out above.

\_\_\_\_\_  
**Printed Name of Legal Guardian/Parent**

\_\_\_\_\_  
**Signature of Legal Guardian/Parent**

\_\_\_\_\_  
**Date:**

*The College collects the personal information in this Agreement pursuant to Section 26 (c) of the Freedom of Information & Protection of Privacy Act under the authority of the College & Institute Act. The information is collected for the purpose of administration and operation of the Summer Camp(s) and for the child's personal safety. Personal information will be kept confidential and not be disclosed for any other purpose without your express consent. Questions with regard to the collection of personal information should be addressed to the Dean, Continuing Studies, Langara College at 604- 323-5511.*