



PRIVACY POLICY RELEASE ONE-FOR-ALL WAIVER & ASSUMPTION OF RISK

PARTICIPANT NAME:

WE AT EAGLE BAY CAMP RESPECT THE PRIVACY OF PERSONAL INFORMATION THAT IS SUBMITTED TO US AND ADHERE TO THE CSA MODEL CODE FOR THE PROTECTION OF PERSONAL INFORMATION. WE COLLECT INFORMATION ONLY FOR THE PURPOSES OF THIS MINISTRY, DISCLOSE IT TO OTHERS ONLY AS REQUIRED, AND ARE COMMITTED TO PROTECTING IT TO THE BEST OF OUR ABILITY. WE ASSUME THAT YOUR SUBMISSION OF A REGISTRATION FORM REPRESENTS YOUR CONSENT TO COLLECT, USE AND DISCLOSE INFORMATION FOR THE PURPOSES LISTED IN OUR PRIVACY POLICY, THE FULL COPY OF WHICH IS AVAILABLE UPON REQUEST. WE ALSO RESPECT YOUR RIGHT TO WITHDRAW THIS CONSENT AT ANY TIME, THOUGH THIS WILL LIMIT OUR ABILITY TO SERVE YOU IN THE FUTURE.

I AM CONFIDENT THAT THE STAFF (BOTH PAID AND VOLUNTEER) WILL DO THEIR BEST TO GIVE ME THE NECESSARY ATTENTION AND SUPERVISION AND THAT APPROPRIATE SAFETY AND HEALTH GUIDELINES WILL BE OBSERVED. I RELEASE EAGLE BAY CAMP, ITS EMPLOYEES, VOLUNTEERS, DIRECTORS, AND OFFICERS FROM ANY AND ALL LIABILITY OR CLAIMS FOR DAMAGES ARISING FROM ANY ACCIDENTS OR PERSONAL INJURY CAUSED BY MY PARTICIPATION IN THE CAMP PROGRAM INCLUDING (BUT NOT LIMITED TO) PAINTBALL, CLIMBING TOWER, ARCHERY, BLOBBING, SPORTS, ZIPLINE, TUBING AND WIDE GAMES. I UNDERSTAND THESE ACTIVITIES INVOLVE RISK, DANGERS AND HAZARDS BUT I AM CONFIDENT THE EAGLE BAY STAFF, DIRECTORS AND VOLUNTEERS WILL DO EVERYTHING IN THEIR CONTROL TO SAFEGUARD AND PROTECT ME FROM THESE RISKS. I WILLINGLY GIVE CAMP PERSONNEL THE AUTHORITY TO ACT ON MY BEHALF IN THE EVENT OF AN INJURY REQUIRING EMERGENCY TREATMENT OR ANY OTHER MEDICAL EMERGENCY INVOLVING MYSELF (PARENT/GUARDIAN WILL BE NOTIFIED AS SOON AS POSSIBLE).

I SIGNIFY THAT I WILL BE COVERED BY A PROVINCIAL OR EQUIVALENT MEDICAL PLAN WHILE I AM ATTENDING EAGLE BAY CAMP AND UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE FOR ANY ADDITIONAL COSTS INCURRED AS A RESULT OF SICKNESS OR INJURY, INCLUDING AMBULANCE SERVICE. UNLESS PRIOR ARRANGEMENTS HAVE BEEN MADE WITH THE CAMP OFFICE, I GIVE EAGLE BAY CAMP PERMISSION TO USE PHOTOS AND VIDEOS OF ME FOR THEIR PROMOTIONAL MATERIALS ONLY.

I HAVE READ AND ACCEPT THE CONDITIONS OF THE RELEASE WAIVER AND ASSUMPTION OF RISK:

PARTICIPANT SIGNATURE: _____

DATE: _____