

## WAIVERS AND CONDITIONS OF ENROLLMENT

1. I, \_\_\_\_\_ (name), acknowledge that the Director reserves the right to dismiss anyone who in his opinion is a hazard to the safety of others, or who appears to have rejected the reasonable controls of the camp. If this occurs, the fee is non-refundable.
2. I give permission to Camp Arnes to use photographs / videos of me for promotional material.
3. I am 18 years of age or older.
4. I agree that my participation in any and all camp activities (including, but not limited to, water sports, wall climbing, horsemanship, mountain biking, trampoline, zipline, paint ball, etc.) and in any trips to places not on camp property (including, but not limited to, canoe trips, hiking trips, etc.) is voluntary. I acknowledge that all of Camp Arnes' camp activities and trips away from camp property are more specifically listed and described in Camp Arnes' *Outta Control* brochure (which brochure I acknowledge receiving a copy of and having read).
5. While every precaution will be taken to ensure the safety and good health of all persons and the protection of the person's property, I understand that there are significant risks and dangers inherent in camp activities and trips away from camp property. I hereby agree that Lake Winnipeg Mission Camp Society Inc., its affiliated organizations, its directors, and its employees and representatives are **hereby released from any and all liability arising from any circumstance whatsoever, including an illness, accident, injury, death or other misfortune that may occur to the person or damage to the person's property** (while traveling to or from camp, while on camp property, while participating in any camp activity or while on a supervised trip off camp property).
6. I am covered by Provincial Health or equivalent medical insurance.
7. I agree to allow Camp Arnes to mail or email me correspondence pertaining to the ministry. I also agree to allow Camp Arnes to share my personal mailing address and phone number with churches affiliated with Camp Arnes for the purpose of summer camp follow-up events and programs.
8. I herewith give consent for the following: (1) The camp administration shall have the right to arrange for any special services or medical attention / treatment necessary for my welfare and good health, including (but not limited to) injection, anesthesia and surgery. I am responsible for any additional expenses that may result from such services; and, (2) The medical staff shall have the right to administer the use of medication to me and relevant emergency treatment, including (but not limited to) CPR and an epi-pen.
9. I have read this registration form and the program guide and I agree to be responsible for the payment of all fees due to the camp.
10. I certify that the information given above is complete and accurate to the best of my knowledge.

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Date

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Signature