

GUEST GROUP MEMBER CONSENT

OFFICE USE ONLY

Group:

Dates Of Stay:

The guest group will be responsible to satisfy itself that the participants of any activities have the appropriate ability, provide any necessary supervision by responsible persons, and ensure that all individual safety requirements are observed by participants.

Without assuming any liability, and in the interests of safety, Camp Qwanoes reserves the right, through any of its responsible employees, to insist upon all appropriate safety rules and procedures being observed and upon any degree of supervision it considers advisable being provided by the guest group, and to limit or terminate the use of any such activity as it may consider advisable.

Each guest group member must be covered by the British Columbia Medical Services Plan or equivalent health insurance, and provide Camp Qwanoes with the required signed medical consent forms. In the event that a guest requires medication, X-ray, or treatment beyond that which is possible at Camp Qwanoes, the guest group will be charged with the additional expense of transportation and special care. It is the responsibility of the guest group to notify the affected guest's family.

I/We authorize the administration of any first aid treatment necessary at Camp Qwanoes, and in the case of medical emergency, give permission to the physician involved to hospitalize and/or secure proper treatment for my child as named below. In this event every effort will be made to contact parents or guardians.

For valuable consideration, the receipt of which is hereby acknowledged, the undersigned hereby releases and forever discharges Camp Qwanoes and its servants, agents, and employees from any and all actions, causes of action, claims and demands whatsoever, whether existing as of this date or in the future, and whether arising from the use of Camp Qwanoes or otherwise.

Note: Group members under 18 years of age REQUIRE the signature of parent/guardian.

Guest Signature

Parent/Guardian Signature

Print Name

Print Name

Medical Number & Date of Birth

Date Signed

Address

City, Province, Postal Code

Phone Number

THIS FORM MUST BE PRESENTED UPON THE GROUP'S ARRIVAL AT CAMP



PHONE: 250-246-3014 • FAX: 250-246-3227

www.qwanoes.ca • www.qrok.ca