

CERTIFICATION OF CONSENT AND AUTHORIZATION

Participation agreement:

I, the undersigned, hereby acknowledge that I am aware that Camp Tamarack Association provides programs that include outdoor pursuit activities such as hiking, wide area games, overnight camp-outs and other physical activities in which there is a possibility of stress or injury resulting from such activities. I therefore give _____(camper) my permission to partake in any and all such programs and to use the facilities and equipment at his/her own risk. I, on my own behalf, hereby release, discharge and indemnify the Camp Tamarack Association and its representatives, officers, directors, members, employees or guests and any partnering group, organization or business and its representatives, owners, officers, directors, members, employees or guests for all liability for injury to person or damage to property of myself and said participant. I further recognize that Camp Tamarack Association and all representatives, officers, directors, members, employees, partners or guests will exercise reasonable and thoughtful care in the provisions it is able to make in response to his/her official request of application; and I further understand that neither Camp Tamarack, their representatives, officers, directors, members, employees, partners or guests accept any legal or financial responsibility whatsoever for the provisions in response to this request.

Medical Agreement:

All basic care will be provided by Camp Tamarack Association employees. In accordance with the Province of Alberta, the Occupational Health and Safety Act and First Aid Regulations, a medical attendant will be on site 24 hours per day to provide standard first aid services, equipment and supplies. This person(s) is required to have current First Aid and Cardio-pulmonary resuscitation certificates. However, if a full time nurse or caregiver is required, the participant will be responsible for arranging for these services. I, the undersigned, have read the above and understand that Camp Tamarack is unable to provide the services of a Registered Nurse. As a result, (please check one)

- Participant will attend and supply his/her own nurse
- The lack of a registered nurse does not cause any concern

Emergency Medical Treatment:

In the event of injury, I, the undersigned, as the legal guardian of _____ (camper) do hereby authorize and consent to x-ray, examination, anesthetic, medical/surgical diagnosis rendered under general or emergency room staff licensed under the provisions of the Alberta Medical Association/Medicine Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the Provincial Department of Public Health. It is understood that this authorization is given in advance of any special diagnosis, treatment, or hospital care being required, but is given to provide authority and power to render care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. It is understood that efforts shall be made to contact the undersigned prior to treatment, but treatment will not be withheld if the undersigned cannot be reached.

Promotions Agreement:

During the program, pictures and videos may be taken of camp activities. Such pictures and videos cannot be released for publicity purposes without the consent and permission of the parent/guardian of the camper. I, the undersigned, hereby give my/our consent and authorization for _____(camper) to be photographed and/or videotaped for any and all promotional purposes of the camp, and for the use of camp counselors in seeking related employment, and for sale to participants as a keepsake from their week at camp.

Transportation:

I, the undersigned, give my permission for Camp Tamarack to transport _____(camper) when required as part of camp programming. I also give my permission for _____(camper) to be transported by either ambulance or private vehicle to the nearest hospital in the event of an emergency.

Printed Name: _____ Relationship _____
(must be legal guardian of participant)

Signature: _____ Date: _____

Witness: _____ Date: _____