

Personal Information :

Please PRINT clearly in BLOCK LETTERS.

Name: _____
 Address: _____

 Phone: _____ BirthDate: _____
 Medical Care Card #: _____

Who to contact in an emergency
(If under 19 yrs. of age, put guardians info here)

Name: _____
 Address: _____

 Phone: _____
 Email : _____

Any current health conditions

My following health conditions, allergies, physical impairments, dietary restrictions and medical requirements and/or other conditions may limit my full participation in the program, and are hereby made known to any physician, or professionally trained medical support person, attending to my needs:

Consent to Treatment

In the event that specific medical treatment or procedure is deemed necessary, or advisable, during the diagnosis and treatment of myself (or the child under my guardianship) as the participant so named above, by my signature below, I authorize any physician, or professionally trained medical support person, to perform this treatment or procedure. This authorization also covers surgical treatment by a physician, if deemed necessary.

Complete Release, Waiver of Claim, and Assumption of Risk

IN CONSIDERATION of permission granted now or in the future by Youth For Christ Comox Valley (the "Society") /Youth Unlimited to participate in our activities including our property, facilities, amenities (such as RIVERBEND CAMP & other venues we may choose to use. ie. Capernwray. This would include the following list which is not necessarily exhaustive; canoeing, kayaking, skiing, snowboarding, wakeboarding, caving , rock climbing, tobogganing, white water rafting, horseback riding, woodworking, trampoline, skateboarding, mountain biking) located in the Province of British Columbia and to partake in activities sponsored or organized by the Society (the "Activities"), in and out of province. I, the undersigned, release the Society and its employees, representatives, volunteers, directors, and officers (collectively called Youth For Christ Comox Valley /Youth Unlimited) from all liability and waive as against Youth For Christ Comox Valley/ Youth Unlimited all recourse, loss or damage, including any consequential damage or loss, claims, causes of action of any kind whatsoever that I may suffer or that my next of kin may suffer as a result of my participation in the Activities including those carried out on and in the vicinity of the Facilities including the waterfront adjacent to the Facilities (the "Waterfront") and I voluntarily accept the physical risk together with the legal risk, thereby expressly giving up any right of legal action.

- I further acknowledge and agree:
- a) To follow the rules and regulations established by Youth For Christ/Youth Unlimited.
 - b) That the Facilities are often located in a natural settings which presents changes and variability in the terrain and weather as well as other unpredictable elements. As such the Facilities and Activities may present certain risks, hazards and dangers to my person and my property.
 - c) The waterfront supervision provided by the Society are on duty at the Waterfront only during designated times and that I assume a greater degree of risk by using the Waterfront outside of the designated times.
 - d) That some of the aforesaid risks, hazards and dangers are foreseeable but others are not.
 - e) That I nevertheless freely and voluntarily assume all the aforesaid risks, hazards and dangers and that , accordingly, my use of Facilities and Waterfront while participating in any Activities is entirely at my own risk.
 - f) That I have carefully read this COMPLETE RELEASE, WAIVER OF CLAIM, AND ASSUMPTION OF RISK and that I fully understand same and that I am freely and voluntarily executing the same.
 - g) That I understand that Youth For Christ/Youth Unlimited does not and will not permit me to participate in any program I register for unless I sign this COMPLETE RELEASE, WAIVER OF CLAIM, AND ASSUMPTION OF RISK which applies to all of the Activities and that the terms of this Agreement need not be brought to my attention each time I am participating in Activities in order to be effective.
 - h) That I give Youth For Christ /Youth Unlimited the right to use, and consent to the use of, photographs and videos of me involved in Activities for Youth For Christ/Youth Unlimited for promotional purposes.
 - i) That I give Youth For Christ/ Youth Unlimited staff permission to take my son or daughter off the school property for special lunch time events.
 - j) That I verify that I am 19 years of age or older. (Parent of legal guardian must sign for minor).
 - k) To indemnify and save harmless Youth For Christ/Youth Unlimited from and against all liability, claims, causes of action, loss or damage, including any consequential damage or loss, demands, costs and expenses of any kind whatsoever that Youth For Christ Comox Valley may suffer as a result of injury, damage or loss to me or my property arising out of my participation in the Activities carried out on and in the vicinity of the Facilities or Waterfront, howsoever caused, and notwithstanding that such injury, damage or loss to me or my property may have been contributed to or occasioned by the negligence of Youth For Christ /Youth Unlimited.
 - l) To follow any new mandated policy hereafter the signing of this form that may be put in place during operation due to circumstance such as healthy & safety outbreaks or health pandemics, influenza virus and contractible diseases.

PRIVACY POLICY – Youth For Christ/Youth Unlimited is committed to protecting the privacy, confidentiality and security of guest, student & staff personal information and has a Privacy Policy for guests, students & staff.
The Policy can be obtained from Youth For Christ at 250-338-8416

PLEASE SIGN HERE... I have read and understand all of the authorizations and conditions written on this registration form under the headings "Consent to Treatment" and "Complete Release, Waiver of Claim, and Assumption of Risk", and I agree to be bound by them. I acknowledge and agree that they are binding on my heirs, executors, my administrators, personal representatives, assigns, and myself.

Signature _____ Date: _____

Signature of Parent/Guardian (if under 19 yrs. of age) _____ Date: _____