

BURNS BOG SUMMER DAY CAMPS
CONSENT, RELEASE AND ACKNOWLEDGMENT OF RISK FORM

As the parent or legal guardian of the applicant, I hereby grant permission for the below-mentioned minor to participate in the Summer Day Camps Program operated by the Burns Bog Conservation Society (hereafter referred to as “the Society”) at the Delta Nature Reserve. I represent that she/he is physically able to participate in Summer Day Camps activities. I hereby release the Society, its employees, and its volunteer workers from any and all claims resulting from illness, injuries, or other incidents that may be sustained by the minor during attendance and participation in Summer Day Camps. In the event of illness or injury, I hereby authorize the staff members of the Society to obtain medical assistance or any other appropriate treatment for the minor.

In consideration of the Society’s services, property, and/or equipment, I enable the below-named minor to participate in wilderness survival-related outdoor activities and hands-on learning. I agree as follows:

- I **UNDERSTAND** that Summer Day Camps activities may involve walking through the Delta Nature Reserve in bog lands, handling different plants, removing invasive species, and performing activities in the proximity of native plants, insects, and animals under the supervision of trained Society staff and volunteers;
- I **AGREE** that the minor’s participation in Summer Day Camps activities is entirely voluntary;
- I **AGREE** to release the Society from any and all claims for monetary or other damages;
- I **AGREE** to release the Society from any and all legal liability due to unintended harm to the minor resulting from Summer Day Camps activities;
- I **UNDERSTAND** that the Society includes all officials, officers, directors, members, employees, agents, personnel, volunteers, sponsors, and affiliated organizations;
- I **DECLARE** that I am a parent or legal guardian of the minor, and I consent to the minor’s participation; and
- I **AGREE** to all of the above-mentioned provisions and assume all of the obligations of this Release on the minor’s behalf.

(Check if you agree) I **AGREE** that the Society may document the minor’s participation in this event on video and/or by photograph. I grant the Society’s use of any such recordings for use in promotional materials ONLY. They will not be sold to third parties for the monetary benefit of the Society. Such recordings shall be the sole property of the Society.

BY SIGNING BELOW, I, the undersigned, acknowledge that I have read and voluntarily signed this Consent, Release and Acknowledgment of Risk Form. I further agree that no oral representations, statements, or inducements apart from the foregoing written agreement have been made.

Minor’s Name: _____ Date of Birth: _____

Address: _____ City: _____ Province: _____ Postal Code: _____

Telephone: _____ Email: _____

Print Parent/Guardian Name: _____

Signature: _____ Date: _____

If you have any questions about this form, please contact the Burns Bog Conservation Society at (604) 572-0373.