

WASAUKSING

Sports, Recreation And Culture Camp

Please select a week:

- July 17th-20th, 2023 Ages 8-12 years
- August 21st-25th, 2023 Ages 13-18 years

Please provide us with the following information to register your child.

Name: _____

Age: _____ **Date of Birth:** _____

Preferred Pronouns: _____

Parent Phone Number: _____

Home Address: _____

Emergency Contact: _____

Allergies: _____

Does your child need any extra accommodations or support to make this a safe and comfortable week for them? _____

Does your child need a PFD while swimming or are they strong enough to swim without PFD support?

Yes, my child is a strong swimmer and does NOT need a PFD

No, my child will NEED a PFD while swimming

Please read the following:

Over the span of the week, we anticipate doing various outdoor activities including (but not limited to), using tools such as axes, hatchets, knives, camp fires, swimming, playing near/on the rocks along the shore, and other activities such as games, crafts, face masks, physical activity (ex: stretching, sports like baseball/golf/kickball/archery, etc.). DEFINITIONS. In this agreement: A) The term "activities" shall include all activities, events or services provided, arranged, organized, conducted, sponsored or authorized by the Releasees and shall include, but is not limited to: swimming, hiking, wilderness orienteering, wilderness travel, seminars and sessions: and all travel, boat or land transportation and accommodation. B) The term "transportation" shall refer to all forms of transportation off road and on public roads and private roads, including Wasauksing First Nation owned gear and vehicles, leased vehicles, participant owned vehicles, motorized vessels and water vessels either provided by or arranged by Wasauksing First Nation or other partners. C) The term "Injury" shall refer to all forms of physical, mental, and emotional injury in any way related to the activities and transportation including, but not limited to: death, breaks, strains, lacerations, dislocations, amputations, frostbite, hypothermia, trauma, property and financial loss, anxiety, phobias, allergies, psychological trauma and fears. I understand and hereby agree that outdoor activities includes activities on land and on or near water, that involves certain risks and dangers incidental thereto, including but not limited to: lifting, falling, slipping, etc. Risks include, but are not limited to, injury from lifting, injury during swimming or playing near the water, playing outdoor games, etc., injury from using tools, and injury from the use of stationary objects and the malfunctioning of equipment or gear. Risk of injury may also be related to the activities including, but not limited to: loading, unloading and travel in or movement around vehicles, and motorized vehicles. I, the participant, must be aware of the surrounding environment, pertaining to safely operating equipment and gear, with regards to the weather (ie. raining, windy, hot/cold temperatures) as winter weather can cause hypothermia, burns, etc. I also understand the physical exertion of outdoor activities and related activities, including the carrying, bending, lifting, sprain, strain and other physical activities. I further agree and acknowledge that: I am responsible for being medically fit to engage in the activity of swimming, sports and rec activities and other activities. I confirm that I am in good health and do not suffer from a heart condition or other ailment that could be exacerbated by the physical exertion involved in the outdoor activities. I agree to be bound by the rules established by the Wasauksing First Nation Social and Health Departments, and any other community partners or guides that may be involved. In spite of and fully understanding such risks and other risks not expressly stated I wish to participate in outdoor activities with Wasauksing First Nation, and hereby assume all the risks of doing so. In consideration of Wasauksing First Nation agreeing to allow me to participate in paddling activities accompanied or unaccompanied (meaning with or without a teacher/program worker), Wasauksing First Nation's equipment and permitting my use of said gear/equipment/property otherwise, and for other good and valuable consideration, the

receipt and sufficiency of which is acknowledged, I hereby agree not to hold Wasauksing First Nation and their directors, officers, employees, agents, coaches, independent contractors (including any secondary community partners/guides), subcontractors and representatives, all of whom are hereinafter referred to as the "Releasees", liable for my personal injury, death, and/or property loss, and; TO WAIVE ANY AND ALL CLAIMS THAT I HAVE OR MAY HAVE IN THE FUTURE AGAINST THE RELEASEES AND TO RELEASE THE RELEASEES from any and all liability for any loss, damage expense or injury including death that I may suffer or that my kin may suffer as a result of my participation in the outdoor/indoor activities, on land or on water, due to any cause whatsoever, including NEGLIGENCE, BREACH OF CONTRACT. BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE INCLUDING ANY DUTY OF CARE UNDER THE OCCUPIERS LIABILITY ACT ON THE PART OF THE RELEASES AND FURTHER, INCLUDING FAILURE ON THE PART OF THE RELEASEES TO SAFEGUARD AND PROTECT ME FROM THE RISKS, DANGERS AND HAZARDS OF THE ACTIVITIES REFERRED TO ABOVE. I agree to hold harmless and indemnify the Releasees from any and all liability for any property damage or personal injury to any third party resulting from my participation in any activities associated with Wasauksing First Nation. I agree that this agreement shall be binding upon my heirs, next of kin, executors, administrators and assigns in the event of my death. In entering into this agreement, I am not relying on an oral or written representation or statements made by the Releasees with respect to the safety of the boating activities other than as set forth in this agreement. I have read and understood this agreement and I am aware that by signing this agreement I am waiving certain legal rights which I or my heirs, next of kin, executors, administrators, and assigns may have against the Releasees

Agree to terms and conditions

Also, please consent here to photographs and the use of photographs. For purposes of media related posts, reports, and evaluation.

I DO consent to having my photo taken.

I DO NOT consent to having my photo taken.

Parent or Guardian Signature

Sign Full Name Here * _____

For any further information or questions, please contact Nastassja Pickles, Sarah Tabobondung, Deanna Dejarlais, Gabwe Pegahmagabow or Nikeeta Tabobondung.

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