

Prusik Youth Counselling and Mentorship Services Medical Release



This form is in regards to the following camper: _____ (Please print camper name)

To the best of my knowledge, the camper is in good health and fully able to participate in the camp program (except as listed). I hereby give permission for camp staff personnel to administer medications to my son/daughter as deemed medically necessary. In case of medical emergency, I hereby give permission to contact appropriate medical professionals to provide necessary treatment. Please note – Prusik Youth Counselling and Mentorship Services will contact the parent or guardian as soon as possible.

Parent/Guardian Signature: _____ Date: _____

I, hereby acknowledge that while reasonable precautions shall be taken to ensure the good welfare and protection of camp participants, Prusik Youth Counselling and Mentorship Services, its directors, employees, volunteer staff members or facilities are hereby released from any and all liability in the event of any accident or misfortune that may occur to myself or my children while attending or travelling to or from a program offered by Prusik Youth Counselling and Mentorship Services.

I also acknowledge and agree:

- That wilderness activities and programs can be very dangerous, exposing participants to many risks and hazards, some of which are inherent in the very nature of the sports themselves, others which result from human error and negligence on the part of the persons involved in preparing, organizing and running the activity.
- That as a result of the aforesaid risks and hazards, I, or my child, may suffer serious personal injury, even death, and/or property loss.
- That some of the aforesaid risks and hazards are foreseeable, but others are not.
- That I have carefully read the Waiver and Release agreement, that I fully understand the same, and that I am freely and voluntarily executing the same.
- That this Waiver and Release agreement is binding on me, my heirs, my executors, and personal representatives.

If I am unable to be contacted, I hereby authorize the transportation of my named child to the nearest suitable medical facility. I authorize Prusik Youth Counselling and Mentorship services and staff to act as an agent for me, to consent to any x-ray examination; medical or dental treatment; and hospital care advised and supervised at a licensed facility under the laws of the province. I understand that I am financially responsible for any emergency medical and/or dental care given. I understand that information on this medical form will be shared with staff members in order to ensure the safety of the camper.

Camper and Parent/Guardian Signature (if participant is under 18)

_____ Date: _____

OPTIONAL: I also hereby give permission to Prusik Youth Counselling and Mentorship Services to use photographs or video of the child for purposes of promoting Prusik Youth Counselling and Mentorship Services as well as professional conference presentations for research purposes.

Camper and Parent/Guardian Signature (if participant is under 18)

_____ Date: _____