

R Biz Camp

Consent Form

Camp policies please read and sign below:

1. Risk, release and informed consent: I agree that by signing below as a parent or guardian of a participant who is under 18 years, I acknowledge that there are risks and hazards inherent in the R Biz Camp to which I am willing to expose my child or charge. By signing below, I give written consent for my child to participate in the activities of the R Biz Camp. I understand that reasonable precautions and safety measures will be taken by the camp staff and I agree to release and indemnify the R Biz Camp and CF Triple R Corporation, its employees and volunteers for any loss, injury or illness to persons or however caused, while participating in the chosen activity.
2. Forms can be sent via mail to Niverville Chamber of Commerce, Box 157, Niverville Mb R0A 1E0 or emailed to chamber@niverville.com. Registration money and the fees (\$100) can be paid by e-transfer to chamber@niverville.com
3. Medical services: In case of emergency or illness, every effort will be made to contact the parent or guardians. In the event that contact cannot be made, I agree that in case of emergency or illness, qualified medical personnel may attend to my child. I understand that medical expenses are my responsibility.
4. Medical Policy: Due to the short time that children are present at camp, medication will not be administered. If an emergency situation demands medication (ie Ventalin or EpiPen) it will be administered with the permission of the parent/guardian signing below. Emergency medication must be clearly labeled, in the original container and handed to the camp leader.
5. Photo release agreement: The undersigned hereby grants Niverville Chamber of Commerce, R Biz Camp and CF Triple R permission to take and publish still photographs and moving videos and publish those taken of my child. The media will remain property of and may be used by Niverville Chamber of Commerce, R Biz Camp and CF Triple R Corporation for the purpose of displays and promotion with no compensation.
6. Travel Permission: I understand this program may include outings to locations other than the camps primary location. (Local parks, playgrounds). I grant permission to include my child in these walking outings.
7. Camp times are from 9:00 to 4:00, Monday through Friday of the week the camp is run. Parents/guardians are asked not to drop off or leave children unattended. Children will be signed in and out of care. Parents are asked that the children arrive promptly for the start of the camp. This will enable leaders to better plan activities. Each camper should bring a bag to carry their belongings, water bottle, sun-screen and bug spray and weather appropriate clothing.
8. Children should not attend camp if they exhibit the following:
 - Illness that prevents them from comfortably participating in all camp activities.
 - Fever, or symptoms such as lethargy, difficulty breathing, diarrhea, vomiting.
9. If children attend camp ill or become ill after arriving, parents will be contacted to pick them up.
10. Cancellations made more than 1 week prior to the camp receive full reimbursement of camp costs. No payment will be refunded if cancellation is less than 1 week before the session.
11. I understand that all personal information and any medical information, including my MHSC number, is confidential and for use of R Biz Camp and Community Futures Triple R Corporation staff only, and will not be released for any other purpose without my consent.
12. I have read, understood and agree to the above policies as stated.

Parent/Guardian signature

Parent/Guardian (please print)

