

# CAMP APPLICATION (ages 10-12)

(to be completed by parent or guardian)

Sonrise Camp, Rocky Mountain House

TO BE HELD: JULY 7 - 12, 2024

## CAMPER'S INFORMATION:

Camper's Name \_\_\_\_\_

Surname

First

Middle

Address \_\_\_\_\_

City \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone Number ( ) \_\_\_\_\_

Date of Birth (MM/DD/YY) \_\_\_\_/\_\_\_\_/\_\_\_\_ Age at camp \_\_\_\_\_

Health Care # \_\_\_\_\_

Grade Entering (in fall) \_\_\_\_\_ Email address or fax# \_\_\_\_\_

Age Limit: Any camper born in 2012 - 2014

My son/daughter would like to room with: \_\_\_\_\_

(Every effort will be made to arrange this)

## PARENT/GUARDIAN INFORMATION:

Mr./Mr./Mrs./Ms.: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Mr. & Mrs. Surname Mother's Name: \_\_\_\_\_

Business Phone: Father : ( ) \_\_\_\_\_ Mother : ( ) \_\_\_\_\_

**IN CASE OF EMERGENCY**, should we be unable to contact you, please list the name of someone we may contact:

Name(s): \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Relationship to camper: \_\_\_\_\_

## CAMP REGISTRATION:

Pre-registration is a **MUST**.

Make cheques payable to "**ROCKY FIRST CRC**"

Please send the completed form and fees by: **June 28, 2024**

TO: Marie Aasman  
RR2, Site 26, Box 10  
Rocky Mountain House, AB  
T4T 2A2

If you need more information, please call Marie @ 403-846-6554 or e-mail mlaasman@hotmail.com

## OTHER INFORMATION:

We, the parents or guardians of the above-mentioned child give our permission for him/her to attend camp during the period mentioned. **IMPORTANT: SONRISE CAMP IS NOT LIABLE FOR INJURIES INCURRED BY YOUR CHILD WHILE AT THIS CAMP.**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

PLEASE MAKE YOUR OWN ARRANGEMENTS FOR THE TRANSPORTATION OF YOUR CHILD TO AND FROM CAMP. **THE COST PER CAMPER IS \$300.00.** PLEASE ENCLOSE THIS AMOUNT WITH THE COMPLETED FORM, SINCE ANY OTHER TYPE OF REGISTRATION MUST BE CONSIDERED VOID. **ANY REGISTRATION RECEIVED AFTER June 28 WILL REQUIRE a \$15.00 LATE FEE.**

**CAMPER MEDICAL FORM (Confidential)**

Please complete this form for the health and safety of your child.

**1. ALLERGIES**

Does your child have any allergies?            Yes    No  
(if yes, complete the following; if no, go to #2)

What is your child allergic to?

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What symptoms does he/she display when exposed?

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Please describe treatment for the above.

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Do you wish your child to carry his/her inhaler?    Yes    No

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**2. Other**

What medication is your child presently using that he/she may still be using at camp?  
What is his/her reason for the medication?

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What PRN medications may be administered to your child without prior notification to parent/guardian?

	Medication	Dose	Frequency
Headache	_____	_____	_____
Nausea	_____	_____	_____
Dizziness	_____	_____	_____
Cramps	_____	_____	_____
Diarrhea	_____	_____	_____

Are there any family or personal issues that the camp staff needs to be aware of?

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**3. Medications**

All medication needed for the camper regarding allergy treatments; migraines, etc. are to be supplied by the camper.

All medications are to be turned in to the camp nurse upon arrival at camp. Rare exceptions are to be discussed with the nurse at that time.

**4. Emergency Permit**

In case of an emergency, every effort will be made to contact parents or guardian.  
If it should be impossible, the following form, if signed, may eliminate delay in treatment.

IN THE CASE OF A MEDICAL EMERGENCY, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child, as named in this application form:

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Date)

## LIABILITY RELEASE

I understand that, except in the event of Sonrise Camp's wanton and willful negligence, I am responsible for bodily injury or property damage which my child or legal ward should sustain on Sonrise Camp premises, and/or while in transit to or from the camp site, or during any camp activities that may take place off the camp site, and for any medical expenses incurred because of such bodily injury or property damage: and that hereby, for myself, my heirs, administrators and assigns release and forever discharge the owners, servants, agents, officers, and all other participants of and from all claims, demands, actions and causes of action for such injuries sustained to my child or legal charge and/or property.

I, THE UNDERSIGNED, BEING OF LEGAL AGE AND OF SOUND MIND AND NOT BEING UNDER THE INFLUENCE OF ALCOHOL, DRUGS, OR OTHER INTOXICANTS, HAVE READ AND UNDERSTAND THE FOREGOING AGREEMENT AND LIABILITY RELEASE.

Full name(s) of camper(s)

1. \_\_\_\_\_ age \_\_\_\_\_
2. \_\_\_\_\_ age \_\_\_\_\_
3. \_\_\_\_\_ age \_\_\_\_\_
4. \_\_\_\_\_ age \_\_\_\_\_

Parent/guardian's signature \_\_\_\_\_

Signature of witness \_\_\_\_\_ Date \_\_\_\_\_

May we have permission to photograph your child?      **Yes**    **No**

May we have permission to use your child's photograph for the purpose of promotion?    **Yes**    **No**

**Our outtrip this year will be led by Girth Hitch Guiding. Please fill out the attached waiver for their organization as well. Any camper not having this waiver signed by their parent/guardian may not attend the outtrip.**



**RELEASE OF LIABILITY, WAIVER OF CLAIMS,  
ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT  
(hereinafter the "Release Agreement")**

**BY SIGNING THIS DOCUMENT YOU WILL WAIVE OR GIVE UP CERTAIN LEGAL RIGHTS,  
INCLUDING THE RIGHT TO SUE FOR NEGLIGENCE, BREACH OF CONTRACT OR  
BREACH OF THE OCCUPIERS' LIABILITY ACT OR CLAIM COMPENSATION  
FOLLOWING AN ACCIDENT**

**PLEASE READ CAREFULLY!**

*This Release Agreement Shall Apply to All Future Participation in Wilderness Activities*

INITIAL OF PARTICIPANT

<b>Name</b>	Last		First		Initial
	Street				
<b>Address</b>	City		Prov/State	Country	Code
	Email Address				
<b>Date of Birth</b>	Year		Month	Day	Age
	Home		Office	Mobile	
<b>Telephone</b>					

**TO: GIRTH HITCH GUIDING INC; HIS MAJESTY THE KING IN RIGHT OF CANADA;** and their respective directors, officers, employees, guides, apprentice guides, instructors, volunteers, agents, independent contractors, subcontractors, representatives, successors and assigns (all of whom are hereinafter collectively referred to as "**the Releasees**")

#### **WILDERNESS ACTIVITIES**

In this Release Agreement, the term "**wilderness activities**" shall include but is not limited to: alpine skiing, nordic skiing, telemark skiing, snowboarding, snowshoeing, hiking, touring, mountaineering, rock climbing, via ferrata, ice climbing, expeditions, trekking, glacier travel, backcountry travel, and all activities, services and use of facilities either provided, arranged or organized by the Releasees including orientation and instructional sessions or classes, transportation, accommodation, food, beverage, water supply, all travel by or movement around helicopters, other aircraft, snowcats, snowmobiles or other vehicles, and camping or overnight stays in the outdoors.

In this Release Agreement, the term "**Negligence**" includes failure by the Releasees to use such care as a reasonably prudent and careful mountain guide/instructor would use under similar circumstances, or breach of any other duty of care imposed by law.

**I AM AWARE OF THE RISKS, DANGERS AND HAZARDS ASSOCIATED WITH WILDERNESS ACTIVITIES AND I FREELY ACCEPT AND FULLY ASSUME ALL SUCH RISKS, DANGERS AND HAZARDS AND THE POSSIBILITY OF PERSONAL INJURY, DEATH, PROPERTY DAMAGE OR LOSS RESULTING THEREFROM.**

#### **NOTICE TO SNOWBOARDERS, TELEMARK SKIERS AND BACKCOUNTRY TRAVELLERS - INCREASED RISK**

Unlike alpine ski boot/binding systems, snowboard, some telemark boot/binding systems and ski touring gear are not designed or intended to release and will not release under normal circumstances, thus increasing the risk of not surviving an avalanche.

#### **NON-SCHEDULED OR EMERGENCY EVACUATION, RESCUE OR FIRST AID**

I acknowledge and agree that all expenses associated with non-scheduled or emergency evacuation, rescue or first aid will be my responsibility and will not be covered by the Releasees.

Communication in the backcountry, mountainous and alpine terrain may be difficult, and in the event of an accident or illness, rescue, medical treatment and evacuation may not be available or may be delayed. Weather conditions may be extreme and can change rapidly and without warning making all travel hazardous, including travel by helicopter, snowcat and snowmobile.



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**PLEASE READ CAREFULLY!**

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INITIAL OF PARTICIPANT

**ASSUMPTION OF RISKS – AVALANCHES, ALPINE TERRAIN, WILDERNESS TRAVEL, WEATHER**

I am aware that participation in wilderness activities involves many risks, dangers and hazards. Avalanches occur frequently in the terrain used for wilderness activities and may be caused by natural forces or by persons travelling through the terrain. I am aware that the Releasees may fail to predict whether the terrain is safe or whether an avalanche may occur. The terrain used for wilderness activities is uncontrolled, unmarked, not inspected, and involves many risks, dangers and hazards in addition to that of avalanche. These may include, but are not limited to: cornices; crevasses; cliffs; trees, tree wells; tree stumps; forest dead fall; creeks; rocks; rockfall; boulders; holes and depressions on or below the snow surface; variable and difficult snow conditions; lightning; effects of high altitude including pulmonary edema and cerebral edema; snow immersion; equipment failure including equipment associated with or related to climbing, rappelling and belaying; encounters with dangerous or poisonous flora and fauna; impact or collision with other persons; becoming lost or separated from one's party or guide; loss of balance, slips, trips and falls; disease arising from the increased difficulty in maintaining personal hygiene; infectious disease contracted through viruses, bacteria, parasites, and fungi which may be transmitted through direct or indirect contact; negligence of other persons; and **NEGLIGENCE ON THE PART OF THE RELEASEES. I UNDERSTAND THAT NEGLIGENCE INCLUDES FAILURE ON THE PART OF THE RELEASEES TO TAKE REASONABLE STEPS TO SAFEGUARD OR PROTECT ME FROM OR WARN ME OF THE RISKS, DANGERS AND HAZARDS OF WILDERNESS ACTIVITIES.**

**RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT**

In consideration of the Releasees allowing me to participate in wilderness activities, I hereby agree as follows:

1. **TO WAIVE ANY AND ALL CLAIMS** that I have or may in the future have 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 next of kin may suffer as a result of my participation in wilderness activities, **DUE TO ANY CAUSE WHATSOEVER, INCLUDING NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE, INCLUDING ANY DUTY OF CARE OWED UNDER ANY APPLICABLE OCCUPIERS' LIABILITY LEGISLATION ON THE PART OF THE RELEASEES. I UNDERSTAND THAT NEGLIGENCE INCLUDES FAILURE ON THE PART OF THE RELEASEES TO TAKE REASONABLE STEPS TO SAFEGUARD OR PROTECT ME FROM OR WARN ME OF THE RISKS, DANGERS AND HAZARDS OF PARTICIPATING IN WILDERNESS ACTIVITIES;**
2. 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 wilderness activities;
3. This Release Agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives, in the event of my death or incapacity;
4. This Release Agreement and any rights, duties and obligations as between the parties to this Release Agreement shall be governed by and interpreted solely in accordance with the laws of the province where the wilderness activities take place and no other jurisdiction; and
5. Any litigation involving the parties to this Release Agreement shall be brought solely within the province where the wilderness activities take place and shall be within the exclusive jurisdiction of the Courts of that province.

In entering into this Release Agreement I am not relying on any oral or written representations or statements made by the Releasees with respect to the safety of wilderness activities, other than what is set forth in this Release Agreement.

**I CONFIRM THAT I HAVE READ THIS RELEASE AGREEMENT AND I AM AWARE THAT BY SIGNING THIS RELEASE AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS, ASSIGNS AND REPRESENTATIVES MAY HAVE AGAINST THE RELEASEES.**

Signature of Participant

Date

Signature of Witness

Please Print Name of Witness

Signature of Parent or Guardian if participant is under age 18