

CAMP APPLICATION (ages 13-15)

(to be completed by parent or guardian)

Sonrise Camp, Rocky Mountain House

TO BE HELD: JULY 14 - 19, 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 2009 - 2011

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 (C) 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?

What symptoms does he/she display when exposed?

Please describe treatment for the above.

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

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?

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?

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 guardians.
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 whitewater rafting led by Mukwah Tours. 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
BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN
LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.**

Initial Here

Please print neatly

Name	Last	First	Initial
Address	Street	Phone #	
City/Town		Prov/State	Postal Code
Email			

TO: MUKWAH TOURS, a division of 865774 Alberta Ltd., and associated companies and individuals including all directors, officers, employees agents and representatives (herein after referred to as the "Operator")

DEFINITION

In this agreement the term "Whitewater / River rafting Activities" shall include all activities in any way related to the river rafting trip, kayaking, or canoeing and including, but not limited to, orientation and instruction sessions, transportation or travel to and from the river, loading and unloading of vehicles, rafts and boats, camping, backpacking, fishing, hiking, backcountry travel and all recreational activities offered (hereinafter referred to as "The Activities").

ACKNOWLEDGEMENT - WHITEWATER / RIVERRAFTING SAFETY

I acknowledge that I have been advised to wear a helmet and lifejacket while river rafting. Instruction in the proper use of the helmet and lifejacket is available from the guides. I am aware that the physical exertion required by river rafting and the forces exerted on the body can activate or aggravate preexisting physical injuries, conditions, symptoms, or congenital defects. I have been advised to seek medical advice if I know or suspect that my physical condition may be incompatible with river rafting. I acknowledge that I am not nor will I be under the influence of drugs or alcohol while participating in these activities.

ASSUMPTION OF RISKS

I am aware that Whitewater / River rafting Activities involve many risks, dangers, and hazards including, but not limited to: accidents which occur during transportation or travel to and from the river; the overturning or upsetting of rafts or boats; sudden violent and unexpected movement of the boat or raft; entrapment by trees, logs, rocks or equipment; hypothermia due to exposure to very cold water; falling from the boat or raft into long sections of continuous rapids; impact or collision with rocks, trees, logs, deadfall, other vessels, and other boating equipment; encounters with domestic or wild animals; high winds; equipment failure; variation in the water conditions, surfaces and currents; and negligence of other boaters and rafters. I am also aware that fishing, hiking, backpacking, camping and back country travel involve many risks, dangers and hazards, including but not limited to; steep slopes in their natural state that may contain many obstacles and hazards, terrain that may not have been travelled on or climbed before and is not regularly patrolled or inspected; becoming lost or separated from the guide or party; rock slides; rapid and extreme change in weather conditions; negligence of other participants. Communication in the backcountry terrain is difficult, and in the event of an accident, rescue and medical treatment may not be available. I am also aware that there is a risk of NEGLIGENCE ON THE PART OF THE OPERATORS, INCLUDING THE FAILURE BY THE OPERATORS AND THEIR STAFF TO SAFEGUARD OR PROTECT ME FROM THE RISKS, DANGERS AND HAZARDS OF THE ACTIVITIES. I FREELY ACCEPT AND FULLY ASSUME ALL RISKS, DANGERS AND HAZARDS ASSOCIATED WITH THE ACTIVITIES AND THE POSSIBILITY OF PERSONAL INJURY, DEATH, PROPERTY DAMAGE OR LOSS RESULTING THEREFROM.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT Initial Here _____

In consideration of THE OPERATORS agreeing to my participation in the Whitewater / River rafting Activities and permitting my use of its equipment, vehicles, parking and other river rafting facilities (hereinafter referred to as the "rafting facilities"), and for other good and valuable consideration, the receipt and sufficiency of which is acknowledged, I hereby agree as follows:

1. TO WAIVE ANY AND ALL CLAIMS that I have or may in the future have against THE OPERATORS AND THE PROVINCE AND THEIR DIRECTORS, OFFICERS, EMPLOYEES, AGENTS, GUIDES, INSTRUCTORS, INDEPENDENT CONTRACTORS, SUBCONTRACTORS AND REPRESENTATIVES (all of whom are hereinafter referred to as 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 River Rafting 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 THE OCCUPIERS' LIABILITY ACT, ON THE PART OF THE RELEASEES, AND FURTHER INCLUDING THE FAILURE ON THE PART OF THE RELEASEES TO SAFEGUARD OR PROTECT ME FROM THE RISKS, DANGERS, AND HAZARDS OF THE RIVER RAFTING ACTIVITIES REFERRED TO ABOVE;

Initial Here

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 Whitewater Activities;
3. That this Agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives, in the event of my death;
4. That this agreement shall be governed by and interpreted in accordance with the laws of the Province of Alberta; and
5. That any litigation involving the parties to this Agreement shall be brought within the Province of Alberta;
6. PHOTO RELEASE - I consent to photographs taken of me during my participation in the Activities, and to publication of the photographs by the Operators for advertising, promotional and marketing purposes.

MARINE LIABILITY ACT: The Marine Liability Act, S.C.2001,c.6, may limit the liability of the Operators in the event of an accident resulting in injury or death.

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

I CONFIRM THAT I HAVE READ AND UNDERSTOOD THIS AGREEMENT PRIOR TO SIGNING IT, AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, EXECUTORS, ADMINISTRATORS, ASSIGNS AND REPRESENTATIVES MAY HAVE AGAINST THE RELEASEES.

Signed this _____ day of _____, _____.

Signature of participant

Printed Name of Parent or Legal Guardian

Witness

Signature of Parent or Legal Guardian