

# CONSENT, WAIVER AND INDEMNITY

## Camp Meeting Children's Divisions 2023

Age

#

PLEASE READ CAREFULLY BEFORE SIGNING, THIS IS A LEGAL DOCUMENT AND AFFECTS YOUR LEGAL RIGHTS

Child's Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_

BC Health Card #: \_\_\_\_\_ For 5/6: Stop Go

Camp Site \_\_\_\_\_ Cell Phone # \_\_\_\_\_

I am requesting, as the parent or legal guardian of the child identified above that he/she be allowed to participate fully in Camp Meeting Activities undertaken during "Camp Meeting", from July 28, 2023 through August 5, 2023 inclusive, as part of the activities of Camp Hope. I understand that the Activities may include traveling to various parts of Camp Hope undertaking various activities, some of which are not yet known.

On my behalf and on the behalf of the Child, I waive any rights and release and discharge any claims or causes of action whatsoever that I and/or the Camper may have now or in the future against the Seventh-day Adventist Church (British Columbia Conference) and its parent organizations, the Camp and their respective affiliates, members, directors, officers, leaders, agents, volunteers and/or employees (together defined as "SDABCC") arising out of, or in any way connected with, the child's participation in the Children's Divisions activities during camp meeting. I agree to indemnify and hold harmless SDABCC from any actions, suits, claims, demands whatsoever that the child may have or may bring against SDABCC arising out of, or in any way connected with, the child's participation in the activities of the Camp. I further agree to indemnify and hold harmless SDABCC from any actions, suits, claims, demands whatsoever, arising from any negligent wrongful or illegal act or omission that the child may commit in respect of, or during the activities of the Camp.

I have disclosed any and all medical conditions and/or allergies listed below, from which the Child suffers. I hereby authorize and consent to SDABCC making decisions with respect to medical treatment and/or hospitalization for and on behalf of the Camper while the Child is involved in the Activities at the Camp.

Allergies or pertinent medical conditions:

\_\_\_\_\_ No Allergies  
\_\_\_\_\_ Allergies (list) \_\_\_\_\_

The child and I support the policies of the SDABCC and of the Camp and agree to be bound and abide by them.

I acknowledge and agree that the information in this Consent, Waiver and Indemnity Form is collected to assist in the implementation of the Child's participation in the Activities as a part of the 0 through 12 year-old's camp meeting program during BC Camp Meeting. It will be used for the purpose of implementing those activities, for contacting me as deemed necessary and for providing or arranging for medical treatment for the Child. The information will be provided to those providing medical treatment to the Child. I give my consent for the SDABCC to collect and use **photographs, videos or other images** of the child for the purposes of promotional marketing and public relations for the Camp or programs of the SDABCC. I also give consent for images, chosen by the SDABCC in which they deem appropriate, to be submitted to the SDACC (Seventh-day Adventist Church in Canada), NAD (North American Division of Seventh-day Adventists) and SDAGC (Seventh-day Adventist General Conference) for the purposes of promotional marketing and public relations. Questions and inquiries: Please contact the British Columbia Conference Communications Department (604) 853-5451 Ext 4

All of the above is understood and agreed to this \_\_\_\_\_ day of July/August 2023

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Name of parent/guardian (please print)

\_\_\_\_\_  
Relation to child (grandparent, aunt, etc.)

\_\_\_\_\_  
Alternate Contact person(s)

Custodial concerns: (pick up etc), \_\_\_\_\_