UBC Camps

Acknowledgement and Acceptance of Risk, and Consent

PLEASE READ CAREFULLY BEFORE SIGNING

PARTICIPANT INFORMATION

Name of Participant: _____ Birthdate: _____

Name and date(s) of camp: _____

Participant's cell phone number: _____

ACKNOWLEDGEMENT AND ACCEPTANCE OF RISK, AND CONSENT

I have reviewed the description of the **UBC Camps Yoga** program and feel that I have sufficiently informed myself about the nature of the camp and the activities involved. **I acknowledge that there are risks, dangers, and hazards associated with my child's participation in the camp including, but not limited to: impact and collision with other participants, instructors, or spectators; impact with objects or equipment used in connection with classes; contraction of a contagious disease including, but not limited to, COVID-19; changes in the type of surface and the condition of each surface, including but not limited to the studio, dojo, gymnasium, shower facilities and change rooms; failure to participate safely within one's own ability; theft; consumption of food and drink, whether made by professionals or by non-professionals; negligence of other participants or UBC staff.**

Participants are expected to be respectful and considerate towards other participants, UBC staff including all instructors, and external partner organization instructors. Participants are expected and required to follow the directions of all instructors, to stay in close proximity to their instructors during the program and not leave without consent and informing camp instructors. If there is a breach of these rules, instructors will discuss the issue with the participant and/or their parents or guardian. In the event that there is a continuous breach of these rules, UBC may require the participant to withdraw from the remainder of the camp, without reimbursement of any camp fees. **I confirm that I have discussed these rules and expectations with my child**.

I hereby consent to my child's participation in the camp on the terms and conditions set out above by signing below.

Printed Name of Parent/ Legal Guardian: _____ Signature: _____

Date: _____

MEDICAL EMERGENCIES

In the event of an accident, injury or illness involving the registrant, and immediate contact by UBC Camps with a designated contact cannot be made, I hereby authorize and grant permission to UBC Camps staff to secure proper medical treatment and authorize on the registrant's behalf all procedures, including, without limitation, admission to an emergency unit, hospital and treatment therein, ordering of x-rays, tests or treatment, injections, anesthesia and/or surgery, as deemed necessary by the attending medical professional(s). I agree not to hold UBC Camps responsible for any costs or injury arising out of an emergency situation.

I hereby consent to my child's participation in the camp on the terms and conditions set out above by signing below.

Printed Name of Parent/ Legal Guardian: _____ Signature: _____

Date: _____

Please mail or email this form to the UBC Camps office before the first day of camp.
Please note a separate consent form must be submitted <u>for each camp</u> the participant registers for.

3065 Wesbrook Mall Vancouver, BC V6T 1Z3
604-822-1540 ubc.camps@ubc.ca www.camps.ubc.ca