



# Archdiocese of Regina Camp Waiver & Medical

*This form must be received in **ADVANCE** or **ACCOMPANY YOUR CHILD** on their first day of camp. If we do not have this form, they will not be permitted to participate in camp activities.*

**PHOTO RELEASE**

Camper Name: \_\_\_\_\_

Photos will be taken during camp. I understand that these photos are the property of the photographer and he/she may edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing Archdiocese of Regina camp or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph. Archdiocese of Regina camp has consent to use my likeness in a photograph in any and all of its promotions or publications, including website and social media, without payment or any other consideration. Archdiocese of Regina camp will not trade, share or sell to any outside party and content will remain property of the photographer. I hereby certify that I am the camp participant OR the parent/guardian of \_\_\_\_\_, named above, and do hereby give my consent without reservation to the above mentioned Photo Release.

\_\_\_\_\_  
Signature (Parent/Guardian if under 18yrs) Dated

Signature Name (PRINTED): \_\_\_\_\_

**RESPONSIBILITY FOR DROP OFF AND PICK UP OF CAMPERS UNDER 18**

I fully acknowledge that whomever is delivering my child(ren) to Archdiocese of Regina camp **MUST SIGN IN** at registration upon arrival.

- \_\_\_\_\_ I, parent/guardian of the camper, will be picking up my child(ren) from camp.
- \_\_\_\_\_ I have made arrangements for someone other than myself to pick up my child(ren) from camp.

Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_ Work #: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

**LIABILITY RELEASE & PARENT/GUARDIAN CONSENT**

I hereby waive, release, and discharge any and all claims for damages for personal injury, property damages or which may hereafter occur to me as a result of participation in camp activities. This release is intended to discharge in advance Archdiocese of Regina camp, its officials, officers, employees, volunteers and agents from liability, even though that liability may arise out of perceived negligence on the part of persons mentioned above. I agree to observe safety procedures and practices for camp activities at all times. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assignees. I give consent for \_\_\_\_\_ to participate in all camp activities, and I execute the above liability release on their behalf, if under 18yrs.

\_\_\_\_\_  
Signature (Parent/Guardian if under 18yrs) Dated

Signature Name (PRINTED): \_\_\_\_\_

**PARENT CONSENT FOR ADMINISTRATION OF MEDICATIONS & MEDICAL INFO**

Camper Name: \_\_\_\_\_

Health Card #: \_\_\_\_\_ Province: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Any medical concerns, allergies, mental health or physical difficulties/limitations:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the participant carry an EpiPen? \_\_\_\_Y \_\_\_\_N If yes, expiry date: \_\_\_\_\_

If yes, where does he/she carry it? \_\_\_\_\_

Has the participant had a Tetanus shot: \_\_\_\_Y \_\_\_\_N If yes, date of last shot: \_\_\_\_\_

**Parent Instructions:**

- 1. Prescription and nonprescription medication must be stored in the original bottle with unaltered label.
- 2. Prescription and nonprescription medication shall be administered in accordance with label directions.
- 3. Written consent below must be provided from the parent/guardian, permitting Archdiocese of Regina camp personnel to administer medications to the child. Please attach a list if more room is needed.

Child's Name	Date of Birth
Medication Name	Dosage
Medication Name	Dosage
Medication Name	Dosage

I authorize Archdiocese of Regina camp personnel to assist in the administration of medications described above to the child named above for the following medical condition(s):

\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ at \_\_\_\_\_ while in attendance.  
Beginning Date End Date Time of Day

\_\_\_\_\_  
Signature (Parent/Guardian if under 18yrs) Dated

Signature Name (PRINTED): \_\_\_\_\_