



Outdoor Adventure Day Camps

Informed Consent Camper Information

2025

Camper 1: _____

Date of Birth: _____ Age: _____

Guardian 1 Name: _____

E-mail: _____

(confirmation letters and upcoming program information sent via e-mail)

Health Card #: _____

Address: _____

Camper 2: _____

Date of Birth: _____ Age: _____

City: _____ Postal Code: _____

Telephone (C): _____ (H): _____

Health Card #: _____

Alternate Number: _____

Camper 3: _____

Date of Birth: _____ Age: _____

Emergency Contact Information

Name/Relationship: _____

Health Card #: _____

Telephone: _____

Authorized Pick Up Person(s)

Name: _____ Telephone: _____ Relationship to Child: _____

Name: _____ Telephone: _____ Relationship to Child: _____

Name: _____ Telephone: _____ Relationship to Child: _____

Please proceed to the next page for assumption of risks and informed consent/waiver of claims.

Assumption of Risks and Informed Consent/Waiver of Claims

- I confirm that I have read, understand, and plan to abide by the policies outlined in the *Mill of Kintail Day Camps Handbook* and other required supporting documents and I understand and am aware of the types of activities involved and the risks associated with participation in outdoor activities.
- I understand that the risks and natural hazards include but are not limited to: trails and routes, rough or unstable surfaces; areas with fallen timber, shrubbery, branches, rocks, roots or other obstacles, activity near streams and rivers; proximity to domestic and wild animals, changes or variations in the terrain; vehicles and natural or man-made objects; weather conditions; miscellaneous health problems related to the sun, cold injury, insect bites, fatigue, stress, dehydration and exertion. 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, whether caused by the negligence of the Mississippi Valley Conservation Authority (“MVCA”) or otherwise.
- I grant permission for images of the participant(s), captured during regular MVCA activities through video, photo, and digital camera, to be shared with other parents/guardians.
- I release from the Mississippi Valley Conservation representative to transport participant(s) to a local doctor or hospital for medical treatment if necessary.
- I grant permission for images of the participant(s), captured during regular Mississippi Valley Conservation Authority (MVCA) activities through video, photo and digital camera, to be used solely for the purposes of the MVCA’s promotional material and publications, including posting on social media (including but not limited to: Facebook, Instagram, Twitter, YouTube), and do hereby waive any rights of compensation or ownership.
- I am the authorized legal guardian of the child and I have the authority to execute this agreement on behalf of myself, any other parent, guardian or legal representative and on behalf of the child, and confirming that no additional signature is required for this agreement to be enforceable against the signatory, against any other parent, guardian or legal representative of the child or against the child.
- I expressly waive and release any and all claims which I or my child may have or may in the future have against MVCA, its affiliates, and their respective directors, officers, employees, agents, representatives, shareholders, successors, and assigns (collectively, the “**Releasees**”), on account of injury, death, or property damage arising out of or attributable to their child’s participation in the camp, due to any cause whatsoever, including without limitation the negligence of MVCA and/or the Releasees, breach of contract, or breach of any statutory or other duty of care owing under occupiers liability legislation or otherwise. The signatory should also covenant not to make or bring any such claim against MVCA or the Releasees, and forever release and discharge MVCA and the Releasees from liability under such claims.
- I will indemnify MVCA and the Releasees against any and all losses, damages, liabilities, deficiencies, claims, actions, judgments, settlements, interest, awards, penalties, fines, costs, or expenses of whatever kind, including reasonable legal fees, in connection with any third-party claim, suit, action, or proceeding arising out of or resulting from the camp activities.
- This agreement will be governed by and construed in accordance with the laws of the Province of Ontario and the federal laws of Canada applicable therein, and that any claim or cause of action under this agreement will be brought exclusively in the courts of Ontario.
- This agreement constitutes the entire agreement of the parties.

- If any clause in this agreement is invalid/illegal/unenforceable, such invalidity will not affect any other term of the agreement.
- The agreement is binding on and shall endure to the benefit of the signatory and their heirs, and MVCA and its successors and assigns.
- The signatory acknowledges that they had the opportunity to obtain advice from independent legal counsel prior to signing this agreement and that they have waived this right or have obtained such advice to their complete satisfaction.

I acknowledge that I have read and understood all of the terms of this agreement and that I am voluntarily waiving substantial legal rights (on my behalf and on behalf of my heirs, executors, administrators, and next-of-kin), including the right to sue MVCA.

Signature of Parent/Guardian: _____	Date: _____
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Please proceed to the next page for Medical History.

Please contact us should you wish to discuss any of the below details prior to camp. Fill out 1 section per camper.

Camper 1 - Medical History

Please complete only if your child has a medical problem or allergy.

Child's Name: _____

Physician's Name: _____ Telephone: _____

Dentist's Name: _____ Telephone: _____

Allergies (checklist)

Food (ALGF) Carries Epipen (EPIP) Drug (ALGD) Insect bite (ALGI)

Please list specific allergies food/drugs/insects: _____

Please list type of reaction that occurs (i.e., rash, swelling, difficulty breathing, etc.):

Other Health Concerns

Diabetic (DIBT) Epilepsy/Convulsions (EPLC) Emotional/Behavioural

(EMOB) Asthma (ASTH) Carries Asthma Inhaler Injury (INJR)

Other (MEDO), please explain: _____

Camper 2 - Medical History

Please complete only if your child has a medical problem or allergy.

Child's Name: _____

Physician's Name: _____ Telephone: _____

Dentist's Name: _____ Telephone: _____

Allergies (checklist)

Food (ALGF) Carries Epipen (EPIP) Drug (ALGD) Insect bite (ALGI)

Please list specific allergies food/drugs/insects: _____

Please list type of reaction that occurs (i.e., rash, swelling, difficulty breathing, etc.):

Other Health Concerns

Diabetic (DIBT) Epilepsy/Convulsions (EPLC) Emotional/Behavioural

(EMOB) Asthma (ASTH) Carries Asthma Inhaler Injury (INJR)

Other (MEDO), please explain: _____

Please proceed to the next page for Camper 3 – Medical History (if applicable).

Camper 3 - Medical History

Please complete only if your child has a medical problem or allergy.

Child's Name: _____

Physician's Name: _____ Telephone: _____

Dentist's Name: _____ Telephone: _____

Allergies (checklist)

Food (ALGF) Carries EpiPen (EPIP) Drug (ALGD) Insect bite (ALGI)

Please list specific allergies food/drugs/insects: _____

Please list type of reaction that occurs (i.e., rash, swelling, difficulty breathing, etc.):

Other Health Concerns

Diabetic (DIBT) Epilepsy/Convulsions (EPLC) Emotional/Behavioural

(EMOB) Asthma (ASTH) Carries Asthma Inhaler Injury (INJR)

Other (MEDO), please explain: _____