

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 CONS	ENT
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; 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.	
I also give permission for camp staff members to administer first aid trowill be responsible for any medical or other charges in connection with	
Participants are expected to be respectful and considerate towards of instructors, and external partner organization instructors. Participants a directions of all instructors, to stay in close proximity to their instructors consent and informing camp instructors. If there is a breach of these reparticipant and/or their parents or guardian. In the event that there is a require the participant to withdraw from the remainder of the camp, with confirm that I have discussed these rules and expectations with respect to the confirmitation of the camp.	are expected and required to follow the solution during the program and not leave without ules, instructors will discuss the issue with the continuous breach of these rules, UBC may hout reimbursement of any camp fees.
I hereby consent to my child's participation in the camp on the terms a	nd conditions set out above by signing below.
Signature of Parent/ Legal Guardian:	
Printed Name of Parent/ Legal Guardian:	
Date:	

Please mail, fax 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.

6160 Thunderbird Blvd. Vancouver, BC V6T 1Z3 Phone: 604-822-1540 Fax: 604-822-2025 ubc.camps@ubc.ca www.camps.ubc.ca