Informed Consent & Assumption of Risk Agreement

Read before signing

IN CONSIDERATION of being permitted to participate in any way at Camp Livingstone, (hereafter known as ministry point) operated by One Hope Ministries of Canada, I acknowledge, understand, and agree:

1. Participation in activities could result in possible personal injury. Despite precautions taken by the ministry point, accidents and injuries may occur. By signing this form, I assume all risks related to the use of any and all spaces used by the ministry point.
2. To release from responsibility, the ministry point, including all missionaries, full-time and part-time, paid or volunteer, and the facilities used from any cause of action, claims, or demands now, and in the future that might arise out of our participation in activities at the ministry point or from the physical risks associated with the activities.
3. I accept all risks relating to such activities including personal injury such as cuts, sprains, scrapes, bruises, fractures, broken bones, concussions, death, or any personal property damage/loss, which may occur on the camp premises. I understand these risks and will not hold the ministry point liable for any such injury.
4. Furthermore, I agree to obey all ministry point rules and take full responsibility for my behaviour in addition to any damage I may cause to the facilities utilized by the ministry point.

This is to certify that, I, as parent/guardian with legal responsibility for this participant, have read this Informed Consent and Assumption of Risk Agreement, fully understand its terms, and that I have given up substantial rights by signing it, and do so freely and voluntarily.

Participant Full Name: _____

Signature of parent/guardian: _____ Date signed: _____

Parent/Guardian Permission

Read before signing

In case of emergency, I understand every effort will be made to contact me. In the event that I cannot be reached in an emergency situation, I hereby give permission to licensed emergency and health care personnel to provide treatment, services and transport necessary to maintain the health of my child. I authorize Camp Livingstone to administer First Aid and medical treatment if deemed necessary. This includes everything from giving acetaminophen, ibuprofen, antihistamine, etc. to the child, or calling an ambulance and seeking professional medical attention. In the event medication, medical advice, treatment and/or equipment are required, I agree to accept financial responsibility for fees in excess of provincial and/or private medical insurance. I agree that the information on the medical form may be disclosed to such emergency and health care personnel. In the event of illness, accident, emergency, or any other circumstance requiring medical treatment, such treatment may be procured for the participant without legal or financial obligation to Camp Livingstone and One Hope Ministries of Canada. All known health issues of my child have been stated to the camp. I will notify the camp if my child is exposed to any infectious diseases prior to arriving at camp.

I agree to allow photographs or video of camp activities, which may include my child, to be used in any and all camp promotional material including the sharing of photographs and videos with ministry partners of Camp Livingstone - One Hope Canada.

I have read and understood the terms of this agreement and BY ALLOWING MY CHILD(REN) to participate in the camp, I am voluntarily agreeing to abide to these terms. I confirm that the participant, whose name is written below, is physically and mentally able to participate in all activities of the camp, unless specifically indicated otherwise in writing.

I agree to allow Camp Livingstone to share my name, address & phone number with organizations affiliated with the camp.

Camp Livingstone reserves the right to request any participant to withdraw from their camp if the participant is not acting in an appropriate and responsible manner. No refund will be provided.

After the first day of my child's week at camp, all fees for the week are non-refundable unless there is a justified medical reason.

Camp Livingstone reserves the right to cancel any week of camp and give a 100% refund.

We count it a privilege that you sent your son or daughter to spend the week with us at camp this summer. During a week of camp, we look forward to many great friendships being formed! We have an amazing summer missionary team, and they love to stay connected with their campers throughout the year to hear how they are doing and answer any questions they may have about the topics discussed during chapel sessions and cabin devotionals. Our missionaries would be honoured to be able to continue to stay involved in your child or youth's life after camp. One of the ways we do this is through the One Hope Canada Faith Spark app, which your child can download and use, where he/she can participate in the live events, camp, and cabin chats. Your signature indicates that you give permission to our missionaries to stay in contact with your son or daughter. If you wish to discuss this further please contact the camp director by phone or email (please see camp website for contact information). If you wish to withdraw your permission, please contact the camp office immediately to notify the camp director.

For more information regarding our child protection policy, please visit our "In Safe Hands" website at www.insafehands.ca

Participant Full Name: _____

Signature of parent/guardian: _____ Date signed: _____