



WAIVER OF ALL CLAIMS, RELEASE OF LIABILITY AND ASSUMPTION OF RISKS

In this Waiver, the Elk River Watershed Alliance (ERA) includes the society and its officers, directors, members, employees, contractors and any persons acting on their behalf. ERA must obtain completed and signed waiver forms for all participants taking part in ERA activities.

I agree to be bound by this Waiver (including the release from liability, waiver of all claims and agreement not to sue). I also agree to assume the risks associated with activities in a field setting, which can include but are not limited to: uneven terrain, machinery, water related risks, adverse weather, and encounters with domestic and wild animals.

In addition, I also agree for myself, my heirs, my executors, administrators and assignees to forever discharge and release ERA for any personal injury, death, property damage or loss sustained by me as a result of my participation due to any cause whatsoever, including negligence on the part of ERA.

I fully understand the risks and dangers associated with participation in activities as a camper with ERA, and the possibility of personal injury, property damage or loss, or even death resulting in ERA summer camp activities. I agree not to sue ERA on account of any circumstance whatsoever arising from taking part in any ERA volunteer activities.

By signing this Waiver, I agree to indemnify ERA against all costs, claims and liabilities of any kind whatsoever arising from ERA camp activities.

COMMUNICABLE DISEASE (e.g. COVID-19)

I understand that camps may be impacted by future government regulations with regards to communicable diseases. I will abide by these regulations while participating in activities with the Elk River Alliance.

I will not hold the Elk River Alliance responsible if I contract any communicable disease while participating in the camp.

I agree by signing this that I will not participate in activities with the Elk River Alliance if I am currently displaying communicable disease symptoms, or have been asked to quarantine by a health care practitioner.

SUMMER DAY CAMPS JULY 1-AUGUST 31, 2025

LOCATION--ELK RIVER WATERSHED

2025 CAMP DATES (check one)

- July 7-11 (Ages 7-10)
 - July 21-25 (Ages 7-10)
 - August 11-15* (Ages 11-14)
 - July 14-18 (Ages 7-10)
 - July 28-August 1 (Ages 7-10)
 - August 18-22* (Ages 11-14)
- *includes 1 night overnight option

PHOTOGRAPHY/MEDIA CONSENT

Do you give permission for you/your child to have photos taken to be shared with parents/caregivers of other campers? Yes No

Do you give permission for you/your child to have photos taken for Elk River Alliance promotional or educational materials, grant writing, etc? Yes No

ERA MEMBERSHIP: Are you currently an ERA member in good standing? Yes No

Name of Participant: _____

If under 18, Name of Parent or Guardian (print): _____

Signature of Participant or Parent/Guardian _____

Witness Signature _____ Date: _____

Contact Information and Emergency Consent Form

Participant Name: _____

Parent/Guardian #1:

Name: _____ Relationship: _____

Phone: Home _____ Cell _____ Work _____

Address: _____

City/Prov: _____ Postal Code: _____

E-mail: _____

Parent/Guardian #2:

Name: _____ Relationship: _____

Phone: Home _____ Cell _____ Work _____

Address: _____

City/Prov: _____ Postal Code: _____

E-mail: _____

Alternate Emergency Contact:

Name: _____ Relationship: _____

Phone: Home _____ Cell _____ Work _____

Emergency Medical Consent

I hereby authorize emergency or surgical treatment for my son/daughter/ward if such treatment is required and the assigned emergency contact cannot be reached for authorization.

Signature: _____ Date: _____

Waiver Acknowledgement

I acknowledge that I will be required to sign additional waivers for the College of the Rockies as well as the rafting company when I drop off my child on the first day of camp, available for review on the ERA website, prior to my child's participation in camp activities.

Initial: _____

Medical Information

Participant Name: _____

Provincial Health Card # _____

Age: _____ Birth date: _____ (D/M/Y) Height _____ Weight _____

* Please include accurate height and weight as this info is required for the rafting company to appropriately size life jackets

IMPORTANT Please write your child's age as of the first day of camp, not at the time of registration.

Does your child require any regular medication? Yes No _____

*if YES and medication is required during camp, please provide written directions and discuss with camp leaders

Does your child have asthma? Yes No _____

Asthma Trigger Factor(s): _____

Does your child have any allergies? Yes No _____

If YES, please describe types and reactions below.

Does your child use medications to manage allergic reactions (i.e. epipen, Claritin, etc)?


Does your child require any behavioural support? Please let us know how we can help.



Does your child use any special need devices (i.e. glasses, contact lenses, knee braces, hearing aids, etc)? If so, what are they?

**ALL INFORMATION CONTAINED IN THIS DOCUMENT WILL BE KEPT
ABSOLUTELY CONFIDENTIAL**

Fernie Campus, Box 1770, Fernie, BC, V0B 1M0
 Phn: 250-423-4691 Fax: 250-423-3932, Toll Free: 866-423-4691

REGISTRATION FORM

Camper's Last Name	Camper's First & Middle Name	Female/Male – Gender Identity	
Telephone Numbers: Home: _____ Work: _____ Other: _____	Mailing Address		
	City/Town	Postal Code	
Date of Birth YR MO DAY	Email Address:		

 	Preferred Payment Method:
	Visa card # _____ exp date _____ svc# _____
	M/C # _____ exp date _____ svc# _____
	Name on Credit Card _____

Signature: _____

****Payment info must be completed before registration is finalized**

****If you are uncomfortable filling in your credit card details, see below.**

EARLY BIRD REGISTRATION: please e-mail camps@elkriveralliance.ca to arrange payment. Fees will be withdrawn after April 1st.

REGULAR REGISTRATION: please call the College of the Rockies (Fernie Campus) at 250-423-4691, Monday to Friday, 8:30AM – 4:30PM.