



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)

- | | | |
|---|---|---|
| <input type="checkbox"/> July 7-11 (Ages 7-10) | <input type="checkbox"/> July 21-25 (Ages 7-10) | <input type="checkbox"/> August 11-15* (Ages 11-14) |
| <input type="checkbox"/> July 14-18 (Ages 7-10) | <input type="checkbox"/> July 28-August 1 (Ages 7-10) | <input type="checkbox"/> 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

REGISTRATION FORM

Phn: 250-423-4691 Fax: 250-423-3932, Toll Free: 866-423-4691

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 # _____ exp _____ svc# _____
	M/C # _____ exp _____ 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 drop off at the College of the Rockies (Fernie Campus) at 342 3rd Ave Mon to Fri, 8:30AM – 4:30PM, e-mail fernien@cotr.bc.ca or call at 250-423-4691.

Registration Form

Continuing Education & Contract Training

WHAT IS YOUR PREFERRED INTAKE DATE:

Have you previously attended College of the Rockies?

Yes

No

If YES, Student Number (if known)

First Name

Last Name

Middle Name

Former Last Name

SIN

DOB

YYYY

MM

DD

Address

City/Town

Province

Postal Code

Email

Phone

EMERGENCY CONTACT

Name

Phone

GENDER IDENTITY

Woman

People whose current gender is woman. This includes cisgender and transgender people who are women.

Man

People whose current gender is man. This includes cisgender and transgender people who are men.

Non-Binary Gender

People whose current gender is not exclusively a woman or man. This includes people who do not have one gender, have no gender, are gender fluid, or are Two-Spirit.

Prefer Not to Answer/Unknown

WOULD YOU SAY YOU ARE

Cisgender

People whose sex assigned at birth is the same as their gender.

Transgender

People whose sex assigned at birth is different from their gender.

Prefer Not to Answer/Unknown

VOLUNTEER DISCLOSURE

Aboriginal Status: Yes No

If yes, check all that apply:

First Nations

Metis

Inuit

Status

Non-Status

CITIZENSHIP STATUS

Canadian: Yes No

If NO, what is your country of origin:

Permanent Resident

International Student

Work Visa

Live-in Caregiver

Other:

Refugee

RELEASE OF INFORMATION:

If you wish to authorize someone to act on your behalf with respect to application status, registration, financial information/activities, transcripts or graduation, please complete the Student Information Release Authorization (available from the Registrar's office or online).

CONSENT FOR INFORMATION DISCLOSURE AND DECLARATION OF APPLICANT

I hereby declare that the information I have submitted in this application for admission is true and correct to the best of my knowledge. Completion and submission of this application permits College of the Rockies to request and/or confirm any information necessary to support my application for admission. The submission of any false statements or documents can result in the cancellation of my admission or registration status. I understand that submission of this application in no way guarantees admission to a program or course, and that admission is subject to meeting program or course prerequisites and space availability. No decision on my eligibility for admission will be made until the application fee and all the required documents have been submitted. I agree to abide by the established rules and regulations of the College including those of the department and program in which I shall be registered, and any changes which may be made while I am a student at College of the Rockies.

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY

In submitting this application, I understand that the personal information on this form is collected under the authority of the College and Institute Act. I understand the information collected on this application is consistent to the Freedom of Information and Protection of Privacy Act and will be used confidentially for purposes of admission, registration, student support services, research, alumni relations, administration of the Student Association fees and other purposes consistent with the mandate of the College. In providing the College with an email address, I acknowledge that the College may send confidential information about me to this address. Any questions I have concerning the collection and use of this information should be directed to the Registrar's Office.

I give my consent to disclose my information per the above declaration.

I hereby certify that the information provided in this Application is true, accurate and complete.

Applicant's Initials

(Initial here in lieu of signature)

Date