

# release form

## INDIVIDUAL INFORMATION Please fully complete this section

First Name:	Last Name:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Age:
Address:			
City:	Province:	Postal Code:	
Phone:	Email:		
Parent / Guardian:	Phone:		
Parent / Guardian:	Phone:		

## INDIVIDUAL MEDICAL Please fully complete this section

Health Care Number:	Expiry Date: MM/DD/YY	Date of Birth: MM/DD/YY	
Family Doctor:	Phone:		
Emergency Contact: NOT PARENT / GUARDIAN	Phone:		
Allergies:	Medication:		
Additional information regarding concerns, needs, conditions, etc....			

## AGREEMENT OF RELEASE AND CONSENT If the Individual is under the age of majority, this section must be completed by parent or guardian.

Release Form must be fully completed and signed. Information provided will be held in strictest confidence and used only by a designate of Bayside Camp in the case of an emergency.

By signing this agreement I, the undersigned, release Bayside Camp, its trustees, directors, society members, staff, volunteers, and agents from any loss, personal injury, accident, misfortune or damage to the Individual or his / her property, with the understanding that reasonable precautions shall be taken to ensure the health and safety of the Individual. Furthermore, I shall indemnify and save Bayside Camp, its trustees, directors, society members, staff, volunteers, and agents harmless from any and all damages, actions, obligations, liabilities, costs, expenses, and fees by reason of any acts, omissions, wilful misconduct, negligence, or fault of the Individual.

In case of emergency, every effort will be made to contact the listed Parent(s) and/or Guardian(s) or Emergency Contact. In the event that the Parent(s) and/or Guardian(s) or Emergency Contact cannot be reached, I, the undersigned, hereby authorize Bayside Camp to secure medical advice and services as may be deemed necessary for the health and safety of the Individual.

I, the undersigned, also understand I will be responsible for any additional expense that may result from such services.

I, the undersigned, understand the safety and security of campers, guests and staff of Bayside Camp are of utmost concern for Bayside Camp; therefore, Bayside Camp reserves the right to exclude or terminate the stay or dismiss any Individual, who in the sole opinion of the Bayside Camp is a hazard to the safety and rights of others, or who appears to have rejected the reasonable controls of Bayside Camp.

I, the undersigned, understand that Bayside Camp is a non-profit, Christian camp and retreat centre and incorporates Biblical values and teaching into all programming. I also understand the Individual will be required to participate in all programming as deemed appropriate for their camp, retreat or event. Bayside Camp reserves the right to exclude or terminate the stay of or dismiss the Individual if, in the sole discretion of Bayside Camp, the Individual's behaviour is offensive and/or inappropriate given these values and teachings.

Furthermore, I, the undersigned, consent to allow the Individual to appear in photographs, videos and other forms of professional materials and / or reproductions of these materials, used for the promotion of Bayside Camp and/or events associated with Bayside Camp.

Name:	Signature:	Date: MM/DD/YY	
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## SUBSCRIPTION FOR ELECTRONIC AND PRINT UPDATES FROM BAYSIDE CAMP Optional

I would like to subscribe to receive electronic and print updates from Bayside Camp using the listed addresses: Yes  No

Bayside Camp does not share personal data collected, including e-mail addresses, names, addresses or other potentially sensitive information with any other business or ministry. It is collected for the sole purposes of communicating directly with you. You can unsubscribe at any time by emailing us at [info@baysidecamp.org](mailto:info@baysidecamp.org) with "unsubscribe" in the subject field.