



## IAWAH GUEST AGREEMENT

This form must be read and signed by every guest at Camp IAWAH. Volunteers/guests under the age of 18 must have this agreement signed by their parent/guardian.

### **NOTICE TO PARTICIPANTS / PARENTS / GUARDIANS**

*THIS IS A LEGAL DOCUMENT. By signing this Event Acknowledgement and Waiver you are Acknowledging and Accepting the Risks Associated with this Event and Waiving your LEGAL RIGHTS including the Right to Sue.*

### **PLEASE READ CAREFULLY**

IAWAH Christian Ministries regards safety as of utmost importance and endeavors to provide a safe and fun environment. However, activities (educational or recreational or volunteer work) such as those offered by Camp IAWAH do involve certain elements of risk. Accidents may result from the nature of the activity and can occur without any fault on either the part of the volunteer/guest or its employees or agents or IAWAH. These risks of participation can be reduced by carefully following instructions at all times.

#### ASSUMPTION OF RISK

- I understand and acknowledge that there are general risks and hazards and specific risks associated with the activities and work that will be undertaken at IAWAH and by choosing to participate in activities, programs or work at IAWAH Christian Ministries assuming full responsibility for the risk.

#### WAIVER, RELEASE AND INDEMNITY

- I understand and agree that IAWAH Christian Ministries, its directors, officers, employees, leaders (volunteer or otherwise), agents, representatives, and affiliates (the “**Released Parties**”) take no responsibility or liability for any harm, loss, or damage to myself or my personal items/property, or for any loss or claim that my family or any person representing any interest in me may have now or in the future, arising or resulting from my participation in activities, programs or work at Camp IAWAH.
- I agree to release (not take legal action) and indemnify (reimburse, if someone else takes legal action) the Released Parties from any legal claims, damages, or liability if I suffer harm, injury, death, or damage to my personal items/property as a result of my participation in activities, programs or work at Camp IAWAH.

## MEDICAL/EMERGENCY

- I declare that I am physically sound and not suffering from any condition, impairment, infirmity or illness that would prevent me from participation in activities, programs or work at Camp IAWAH.
- I agree that I will be fully responsible for all costs and expenses which may be incurred in providing any medical, emergency or other special services to myself in connection with the activities, programs or work at Camp IAWAH. Including but not limited to any and all costs of travel, medical attention or other special outlay for myself personally, and to reimburse the Released Parties and its staff for all costs of these services as may be incurred by them for my benefit or at my request.
- I authorize the administration of any first aid treatment deemed necessary at Camp IAWAH. In the event that I require medication, X-ray or treatment beyond which is provided at Camp IAWAH, I consent to medical care and transportation to the appropriate medical facility and for any expenses incurred.

## **The Novel CoronaVirus (COVID19) Acknowledgement and Assumption on Risk**

The novel coronavirus, COVID-19, has been declared a pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, social distancing is recommended.

By signing this I agree/acknowledge that:

- I am not currently experiencing any COVID-19 symptoms nor have I had COVID-19 related symptoms in the last 14 days.
- I have not provided care or had close contact with any person with COVID-19 or with any person reasonably suspected of having COVID-19
- I have not travelled or been in contact with any person who travelled outside of Canada in an area under a travel health advisory in the last 14 days.
- I have not been advised by the Government of Canada or Ontario Public Health or my doctor or the Ontario Ministry of Health website to self-isolate due to possible exposure to COVID-19.
- Participating in these activities may put me at a higher risk of contracting or being exposed to viruses or other illnesses that may be present in the general population and that I nevertheless chose to participate in the activities and fully assume the risk of doing so.
- I am fully aware of the risks and hazards with respect to COVID-19 inherent in my attendance at the Premises and participation.

APPLICABLE LAW/JURISDICTION

- I agree that the laws of the province of Ontario and the federal laws of Canada shall govern the construction, interpretation and validity of this Acknowledgement and Waiver as well as any dispute arising from the activities, programs or work at Camp IAWAH.
- I agree that the courts of the province of Ontario shall have exclusive jurisdiction to hear any complaint, demand, claim, proceeding or cause of action, whatsoever arising from or in connection with the activities, programs or work at Camp IAWAH.
- In entering into this agreement, I am not relying on any promises, inducements, representations or statements made by the Released Parties.
- I confirm that I have read and understand this Acknowledgement and Waiver prior to signing it and hereby agree to all of its conditions. I understand that this Acknowledgement and Waiver is a legal document that will be binding upon me (as the Participant or the parent(s)/legal guardian(s) of the Participant), my heirs, next of kin, executors, administrators and successors. I agree that if any portion of this Acknowledgement and Waiver is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

SIGNED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2022.

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Participant's Printed Name

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Participant's Signature



**PARENT /GUARDIAN OF MINOR PARTICIPANT**

**This section of the Acknowledgement and Waiver MUST be completed if the Participant is a minor (under 18 years of age)**

I, \_\_\_\_\_ (please print name) am the parent/legal guardian of \_\_\_\_\_ (print minor child's name) (the "Participant") and have authority to make decisions on behalf of the Participant.

I give permission for the Participant to participate in activities, programs or work at Camp IAWAH.

I have read and understand this Acknowledgement and Waiver. I understand and accept the risks associated with the activities, programs or work at Camp IAWAH.

**On my own behalf and on behalf of the Participant, I hereby agree to all the above terms, conditions, waivers, releases and indemnities regarding the Participant's participation in the Trip.**

I understand and accept that IAWAH Christian Ministries takes no responsibility or liability for any loss to myself and all other persons who might have a claim under the *Family Law Act* (Ontario) or other law(s) as a result of the Participant participating in the Trip.

In the event of an emergency or medical necessity, I hereby authorize an adult representative of IAWAH Christian Ministries to make any necessary arrangements for the proper medical care of the Participant, and to give the required consents in connection therewith. I further authorize any medical, dental and/or emergency personnel selected by such adult representatives to secure and provide necessary and proper medical treatment for the care of the Participant. I consent for the Participant to be transported by ambulance to an emergency center for treatment. I understand that I will be notified as soon as possible in the event that an emergency arises requiring medical assistance and I assume all financial responsibility for any medical treatment (including transportation) for the Participant.

I have reviewed this Acknowledgement and Waiver in its entirety before signing it and understand my rights and the content, meaning and impact of this Acknowledgement and Waiver.

SIGNED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2022.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Parent/Guardian's Printed Name