



CAMP IAWAH GUEST GROUP MEMBER AGREEMENT updated August, 2023

This form must be read and signed by every guest who attends and/or participates in a program at Camp IAWAH. Guests under the age of 18 must have this Agreement signed by their parent/guardian.

Camp IAWAH regards safety as of utmost importance and endeavors to provide a safe and fun learning environment. However, activities (educational or recreational) 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 guest, or the Guest Organization, or its employees or agents or Camp IAWAH. These risks of participation can be reduced by carefully following instructions at all times.

It is the responsibility of the Guest Group to satisfy itself that: a) its participants have the requisite ability to participate; b) necessary supervision is provided by responsible individuals; and c) its participants follow all safety requirements for all activities.

I understand and acknowledge that by choosing to participate in activities or programs at Camp IAWAH, that unless due to the negligence of Camp IAWAH or its employees, staff or agents, I am assuming full responsibility for the risk of an accident or injury occurring.

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 recognize that it is the responsibility of the Guest Group for transportation to the appropriate medical facility and for any expenses incurred. It is

also the responsibility of the Guest Group to notify my family or emergency contact.

I have informed the Guest Group Organizer/Leader of any health concerns which may affect my well-being while at Camp IAWAH and hereby acknowledge and assume responsibility for my own personal health, medical, dental and accident insurance coverage.

Communicable and infectious viruses including Covid 19 - Acknowledgement and Assumption on Risk

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 I nevertheless choose 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 communicable diseases inherent in my attendance at the Premises and participation.

Camp IAWAH will continue to update its communicable disease policy as required by the province of Ontario and I will follow the current IAWAH rules for safe practice as mandated for diseases such as Covid- 19, or any other communicable disease.

Participant Name (please print)

If Participant is under 18 - Parent/Guardian Name

Participant Signature

If Participant is under 18 Parent/Guardian Signature

Today's Date: _____

Guest Allergies or other Health Concerns