

Cedarwood, a division of Youth for Christ, Winnipeg

The following waiver is a requirement of our insurance carrier for all participants

This document will affect your legal rights and liabilities. Please read it carefully before signing.

Please Print

Name of Participant: _____ Birthdate: _____ (mm/dd/yr)

Names of Parents/ Guardian: _____

Home Address: _____

Phone #: _____ Parents # (if different): _____

Family Doctor (name & #): _____

Manitoba Health #: (personal) _____ (family) _____

MEDICAL ACCIDENT TREATMENT WAIVER AGREEMENT

In the event that it appears to Camp Cedarwood that the participant requires medical or dental attention, testing or treatment (referred to as "treatment") of any kind while using Camp Cedarwood facilities and equipment or participating in the programs and activities offered by Camp Cedarwood, I authorize Camp Cedarwood to provide or to arrange for the provision of such treatment and to consent to such treatment on behalf of the participant and myself as Camp Cedarwood in its discretion considers advisable. I agree to be responsible for any cost of such Treatment and I appoint Camp Cedarwood as my agent in arranging for such Treatment.

I release Camp Cedarwood, Youth for Christ Incorporated and their directors, officers, employees and volunteers (collectively referred to as Camp Cedarwood) from any liability, claim, action, suit or demand whatsoever which may arise in connection with or during the Participant's attendance at the premises of Camp Cedarwood, his/her use of Camp Cedarwood facilities and equipment and his/her participation in the programs and activities offered by Camp Cedarwood, including traveling to and from such premises.

I HAVE READ AND UNDERSTOOD THIS WAIVER AGREEMENT AND CONDITIONS OF USE PRIOR TO SIGNING IT AND AM AWARE THAT BY SIGNING THIS DOCUMENT I AM AFFECTING THE LEGAL RIGHTS AND LIABILITIES OF MYSELF, MY PERSONAL REPRESENTATIVES, HEIRS, NEXT OF KIN, EXECUTORS, AND ADMINISTRATORS IN RELATION TO THE ABOVE NOTED ORGANIZATION.

Signature of Parent/Guardian: _____

Date (mm/dd/yr): _____