



Camp MagniPHEque
REGISTRATION AND WAIVER FORM
 (ONE FORM NEEDED FOR EACH PERSON/FAMILY)



Name(s) of all campers in your group/family:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

First Name

Last Name

Initial

EMERGENCY / VITAL INFORMATION

The following must be completed before you and/or you and your family; can participate in the program. Please ensure that staff are aware of any health problems or concerns, particularly safety concerns.

Are you or your child taking any medications that we should be aware of? _____ (Please note that staff are not to administer or take responsibility for medications.)

Are there any special needs and/or allergies?: _____

Health Card Number(s): (Name and Number) It IS important that we have this information especially if there is only one adult in the group. Should something happen we need to have this handy for medical professionals. This information will not be retained.

PLEASE SEE PAGE TWO

PAGE TWO - **INFORMED CONSENT, ACKNOWLEDGEMENT AND WAIVER**

I hereby give permission for me and/or my family to attend the Canadian PKU and Allied Disorders (CanPKU+) Camp MagniPHEque Program ___March 8-10, 2024___. I hereby authorize the CanPKU+ and Camp MagniPHEque staff to act on my behalf in case of an emergency with myself or a family member (if applicable) in which I cannot be reached in a timely fashion. It is understood that the CanPKU+ staff will endeavor to provide as much supervision as possible in any given circumstances.

In consideration of the permission given to participate in CanPKU+'s Camp MagniPHEque, I hereby covenant and agree to save harmless Canadian PKU and Allied Disorders Inc. and its Officers, Directors, volunteers, speakers and camp staff, and any facility, its employees, agents, successors, assignees, invitees, and members from all claims, damages, costs, and expenses in respect to personal injury and damage or loss to my personal property, however caused, which I or my family may sustain as a result of my own or my family's participation in the program or services offered. I also agree to inform staff of any changes to any of the information described in this registration form at the earliest opportunity.

With camping, accidents such as slips/falls, bumps/bruises, and cuts/scratches can happen and may cause injury. These and other accidents can occur without any fault on either the part of the camper or the CanPKU+, its camp staff or volunteers, or the facility where the program is taking place. Camp staff will take all reasonable precautions to ensure that everyone is safe. In the event you and/or your family is injured, ill or in need of medical attention and you are unable to be contacted, you authorize Camp MagniPHEque staff to seek medical attention on your behalf of you and/or your family.

Although every effort is made to send campers home with all their belongings, Camp MagniPHEque is not responsible for any loss or damage.

I/my family will follow all reasonable instructions from the staff of Camp MagniPHEque and facility staff while participating in the program. Camp MagniPHEque and facility staff reserves the right to cancel a camper's participation in a camp session if their behavior is deemed unmanageable or dangerous to themselves or others.

I authorize CanPKU+ and those approved by them (sponsors etc) to use any photographs and/or videos taken of me and/or my child(ren) while participating in Camp MagniPHEque programs for future promotional materials.

I have read and understood the information outlined in this consent.

I, _____, give permission for me and/or my family to participate in the above program. I understand and accept the above and provide CanPKU+'s Camp MagniPHEque with this waiver of liability and indemnification agreement.

Date

Signature

Date

Witness