

**2022 CONSENT, WAIVER AND INDEMNITY  
Mountain View Summer Camp Activities**

**PLEASE READ CAREFULLY BEFORE SIGNING, THIS IS A LEGAL  
DOCUMENT AND AFFECTS YOUR LEGAL RIGHTS**

\_\_\_\_\_

Campers' Last Name

\_\_\_\_\_

Campers First Name(s)

\_\_\_\_\_

Age(s) (0-18/Adult)

\_\_\_\_\_

BC Health Card #/Provincial Health #/Out of Country Health Insurance

\_\_\_\_\_

Cell Number

\_\_\_\_\_

Camp Site #

I am requesting, as the parent or legal guardian of the camper identified above (the "Camper"), that he/she be allowed to participate fully in Group/Family Camping Activities undertaken during "Group/Family Camp", available dates in 2022, inclusive, as part of the activities of Mountain View Summer Camp (the "Camp"). I understand that the Activities may include traveling to various parts of the Province of British Columbia and undertaking various activities, some of which are not yet known. I further understand that there are risks to the Campers (named above) who participate in activities of the Camp and I accept those risks on behalf of the Camper(s), which may include the risk of serious bodily harm, damage to property and death. Activities include, but are not limited to, Camping, Horse Back Riding, Swimming, Water Sports (includes Water Skiing), Canoeing, Archery, Axe Throwing,

On my behalf and on the behalf of the Camper(s), I waive any rights and release and discharge any claims or causes of action whatsoever that I and/or the Camper may have now or in the future against the Seventh-day Adventist Church (British Columbia Conference), the Camp and their respective affiliates, members, directors, officers, leaders, agents, volunteers and/or employees (together defined as "SDABCC") arising out of or in any way connected with The Camper's participation in any division activities or other activities of the Camp. I agree to indemnify and hold harmless SDABCC from any actions, suits, claims, demands whatsoever that the Camper may have or may bring against SDABCC arising out of or in any way connected with the Camper's participation in the activities or other activities of the Camp. I further agree to indemnify and hold harmless SDABCC from any actions, suits, claims, demands whatsoever, arising from any negligent wrongful or illegal act or omission that the Camper may commit in respect of or during the activities or other activities of the Camp.

*I have disclosed any and all medical conditions, medications and/or allergies, listed on the back of this sheet or on a separate sheet, from which the Camper(s) suffers. I hereby authorize and consent to SDABCC making decisions with respect to medical treatment and/or hospitalization for and on behalf of the Camper(s) while the Camper is involved in the activities at or away from the Camp.*

I, we support the policies of the SDABCC and of the Camp and agree to be bound and abide by them.

I acknowledge and agree that the information in this Consent, Waiver and Indemnity Form is collected to assist in the implementation of the Campers' participation in the Activities and other Activities at the Camp. It will be used for the purpose of implementing those activities, for contacting me as deemed necessary and for providing, or arranging, medical treatment for the Camper. The information will be provided to those providing medical treatment to the Camper. I agree that SDABCC may use photographs, videos or other images of the Camper for the purposes of promoting the Camp or the programs of SDABCC.

All of the above is understood and agreed to on this \_\_\_\_\_ day of \_\_\_\_\_ 2022.

\_\_\_\_\_

Signature of Camper (or parent/guardian  
signature for campers under age 19)

\_\_\_\_\_

(Print) Name of Camper or Name of parent/guardian for  
Campers under age 19

**\*All Campers must have a signed WAIVER. A Parent or LEGAL GUARDIAN must sign this form for Minors OR If you are not the parent of the camper(s), then you must provide us with a letter from the parent or legal guardian, of the Camper, giving you permission to act as guardian in 2022.**