



By completing this form you are agreeing to raise and remit to Camp Squeah, a minimum of \$500 by April 7 2017

APRIL
8-9
2017

PADDLE FOR YOUTH
IN LEADERSHIP

Phone
1-800-380-2267
Fax
1-604-869-5364
Email
DAVE@SQUEAH.COM



SQUEAH.COM/CAMPS/CAMP-SQUEAH-PADDLE-A-THON /

Registration Form

Please complete this form and return it to Camp Squeah

Attn: Dave Wismath
Camp Squeah
#4 - 27915 Trans Canada Hwy
Hope, BC V0X 1L3

NAME ADDRESS

CITY POSTAL CODE PHONE

EMAIL AGE GENDER M F

MEDICAL PLAN AND NUMBER

Do you have health concerns that could affect your participation (diabetes, allergies...)?
Please list them along with any dietary concerns or issues (vegetarian, lactose intolerant...)

.....
.....

Do you require a canoe from Camp Squeah? (8 available) Y N

Would you like to paddle in a larger, Voyageur canoe? (8-10 paddlers) Y N

If paddling in a two person canoe, please name your paddling partner:

Please indicate your level of paddling participation in the past. All paddlers, excepting Voyageur canoe paddlers, must have a minimum of 5 paddling experiences in their history.

Flatwater basic skills (boat goes where I want it to all the time)

Flatwater advanced skills (have done canoe camping)

Flatwater expert skills (RCA certified instructor)

Moving water basic skills (comfortable with moving water)

Moving water advanced skills (comfortable with eddy in's and out's)

WAIVER OF ALL CLAIMS, RELEASE FROM LIABILITY AND ASSUMPTION OF RISK

I, _____, hereby acknowledge and agree that in my participation in activities by Camp Squeah's Paddle-a-thon:

1. I will not hold Camp Squeah, its officers, directors and employees responsible for any accident, injury, delay, death, illness, personal loss, personal property damage or other loss sustained by myself and hereby release Camp Squeah, its officers, directors and employees due to any cause whatsoever, including without limitation, negligence on the part of Camp Squeah or its employees for any legal costs or fees which may be incurred in defending any lawsuit or claim which I may bring against them.

2. AND I DO HEREBY ACKNOWLEDGE AND AGREE THAT:

(a) I will be participating in activities entirely at my own risk. Participation in any outdoor activity and travel in natural, outdoor environments involve inherent risks, dangers and hazards. These risks may include, but are not limited to: forces of nature, weather conditions, natural disasters, rugged or steep terrain, avalanches, rockfall, slippery footing, water conditions, isolation from medical facilities, difficult evacuation, equipment failure, mechanical breakdown, human error and accidents. These and other risks may cause serious injury, illness, death, personal property damage or personal losses.

(b) That this Waiver of all Claims, Release from Liability and Assumption of Risk is binding on myself, my heirs, my executors, personal representatives, administrators and assignees.

(c) That the term "activities" as used in the Waiver of all Claims, Release from Liability and Assumption of Risk includes without limiting the generality of that term, programs, training sessions and events that are in any way authorized, sanctioned, organized or operated by Camp Squeah.

(d) I understand that by signing this release I may be forever prevented from suing or otherwise claiming against Camp Squeah, its officers, directors and employees for certain loss or damages, whether for personal injury or, property loss that I may sustain while participating in activities.

(e) I will not hold Camp Squeah responsible for extra costs incurred by me which include, but are not limited to: accommodation, extra meals, personal costs, or rebooking of transportation in the event of unforeseen or uncontrollable circumstances.
With my signature I confirm that I have carefully read, understand and accept the terms set out in this agreement.

I, _____, further certify that my date of birth is ____ / ____ / ____ (month, day, year) and that my present age is _____, and that I am therefore of lawful age (19 years or older) and otherwise legally competent to sign this Camp Squeah Release / Indemnification of all Claims and Covenant (Binding Promise) Not to Sue after having carefully read it.

This Camp Squeah Release / Indemnification of all Claims and Covenant (Binding Promise) Not to Sue shall be interpreted in accordance with the laws of the Province of British Columbia, Canada and the forum for any court attendance regarding the interpretation or enforcement of this document shall be British Columbia.

IN WITNESS WHEREOF, this instrument is duly executed at _____

_____ (address), this _____ day of _____, 2017.

If you are 19 years or older: _____
Participant's Name Printed Clearly

Witness' Name, Printed Clearly

Participant's Signature

Witness' Signature

Address of Participant: _____
Street

City, Province

Postal Code

Phone

**IF YOU ARE A PARENT OR GUARDIAN OF A CHILD WHO IS 18 YEARS OLD OR YOUNGER,
PLEASE COMPLETE THE FOLLOWING**

If I am a PARENT or GUARDIAN of any minor person 18 years old or younger who is participating in the Paddle-a-thon sponsored by Camp Squeah, I make these representations and agree to the terms of this Camp Squeah Release / Indemnification of all Claims and Covenant (Binding Promise) Not to Sue on behalf of each minor, as well as myself, and agree to assume responsibility for their safety.

I further agree to INDEMNIFY AND SAVE HARMLESS; that is, be completely responsible for and compensate, Camp Squeah from any and all causes of action, law suits, claims, demands, losses or costs of any nature or kind whatsoever arising out of or in any way caused by or relating to or which may be brought on behalf of any such minor arising from participation in the Paddle-a-thon or anywhere at anytime. I will pay all fees, damages and costs, including lawyers' fees which Camp Squeah or any other parties released may incur in the enforcement of this Camp Squeah **Release / Indemnification of all Claims and Covenant (Binding Promise) Not to Sue.**

_____		_____		_____					
Print Participant's full name		Birthday		Print Parent/Guardian's Full name if Participant is under 18 years of age					
_____		_____		_____					
Street		City		Province		Postal Code		Phone	
_____		_____		_____		_____		_____	
Participant Signature		Date		Parent/Guardian Signature		Date			

PRIVACY STATEMENT

Your personal information on this form is will be used for the purposes noted on this form, that is: to register you for this event and provide waiver information. We do not share this information with anyone and ensure its security at Camp Squeah.

- Please do not use any photos in which my face is visible for Squeah promo or presentation purposes.
- Please send me information about next year's Paddle-a-thon as soon as it is available.

ACKNOWLEDGEMENT OF RESPONSIBILITY FOR OFFICIAL CAMP SQUEAH INCOME TAX RECEIPTS

In consideration of Camp Squeah accepting my registration as a volunteer participant in the **Paddle-a-thon event** on **April 8-9, 2017** and authorizing me to issue official tax receipts on its behalf, I agree and acknowledge:

That I accept my obligation to collect at least \$500 in donations for Camp Squeah prior to the **paddle-a-thon event**. I agree to safeguard and use official receipts responsibly.

That I will issue official tax receipts only for donations that I receive and remit to Camp Squeah, and understand that any other use of these receipts may constitute a violation of the Income Tax Act of Canada.

That **Camp Squeah retains ownership of any receipt books** issued to me, that I will maintain them appropriately and securely and return them to Camp Squeah, including all unused receipts as well as all copies of completed receipts.

That I will cooperate fully with Camp Squeah and/or government officials in any audit process which may involve receipts issued by me.

I agree not to issue any receipts to myself, to my spouse, to other paddlers in this event or their spouses but will have Camp Squeah receipt any of these donations.

Name

Receipt #'s

(eg. 0360 - 0390) _____ — _____

Signature

If participant is under 19 years of age, a parent or guardian must sign this form and write out receipts in the donor book.

Date

Please sign and return this form to Camp Squeah prior to receiving a receipt book. Only one form per participant is required.

THANK YOU!

Camp Squeah
#4 - 27915 Trans Canada Hwy
Hope, BC V0X 1L3

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dave@squeah.com
www.squeah.com