

## ADULT CAMPER RELEASE

**- PLEASE READ PRIOR TO REGISTERING - Head to <https://onehopecanada.ca/privacypolicy> to see how we handle your personal information.**

I hereby give consent to my participation in the camp and related activities.

I understand that the camp programming includes physical activity in the form of a variety of sports and recreational activities. I agree that David Thompson Bible Camp and One Hope Canada will not be held liable for any injury to myself or loss or damage to my personal property.

In consideration of my being allowed to participate in camp, I, on my own behalf, waive all present and future claims against David Thompson Bible Camp and One Hope Canada and its directors, volunteers, employees, officers, servants, representatives, insurers and agents (and their representative successors and assigns)(collectively, the "releasees") and hereby release the Releasees from and against all liabilities, claims, actions, demands, costs and expenses related to injuries, illness, death, loss, damage to person or property or loss of property, foreseen or unforeseen, howsoever caused (including any negligence of any one or more of the Releasees,) arising out of or in connection with my participation in the camp.

I also agree to indemnify the Releasees for any claim advanced against any of them arising out of my participation in the camp.

I hereby give permission to licensed emergency and healthcare personnel to provide treatment, services and transport necessary to maintain my health. In the event that medication, medical service, treatment and/or equipment are required, I agree to accept financial responsibility for fees in excess of provincial and/ or private medical insurance. I agree that the information on this form may be disclosed to such emergency and healthcare personnel. In the event of emergency, accident, illness, or any other circumstances requiring medical treatment, such treatment may be procured for the participant without legal or financial obligation to David Thompson Bible Camp and One Hope Canada.

All known health issues have been stated to the camp. I will notify the camp if I am exposed to any infectious diseases prior to arriving at camp.

I agree to allow David Thompson Bible Camp and One Hope Canada to share my name, address and phone number with staff and churches affiliated with the camp for the purpose of communicating future camp-related activities.

David Thompson Bible Camp and One Hope Canada reserves the right to request any participant to withdraw from the camp if the participant is not acting in an appropriate and responsible manner.

David Thompson Bible Camp reserves the right to cancel any week of camp and give a 100% refund.

I realize that I am covered by insurance while at camp. I release David Thompson Bible Camp, and those associated with it, from all liability for any accident, injury or death which may occur. I hereby give permission for Peace Country Health physicians to give treatment or prescribe medication if deemed necessary. I will be responsible for the costs of any medication.

**I have read and understood the terms of this agreement and by participating in the camp, I am voluntarily agreeing to abide by these terms. I confirm that the participant is physically and mentally able to participate in all activities of the camp, unless specifically indicated otherwise in writing.**

**(Please sign reverse)**



# David Thompson Bible Camp 55+ Spring Frolic Retreat Registration Form

Camper Name: \_\_\_\_\_ Male  Female

Spouse Name: (if attending) \_\_\_\_\_

Birthday: (dd)\_\_\_\_ (mm) \_\_\_\_ (yr) \_\_\_\_ Cabin Partner: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Prov: \_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone : (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

Work Phone: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ Email (Required): \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

CAMP SELECTION Please check the camp of your choice			
Retreats			
Retreat Weekend	Dates	Age	Price
<input type="checkbox"/> 55+ Spring Frolic Retreat	June	55+	\$75

**MEDICATION** - All medications (over the counter medication and prescription medication), vitamins, etc. are kept by the camper. We will have a First Aid responder available for the retreat.

### PAYMENT

Camp fees: \$ 75 single/ \$150 couple

+ Donation: \$ \_\_\_\_\_

= Total: \$ \_\_\_\_\_

(non-refundable \$50 deposit must be enclosed)

Housing -  RV  Cabin  Off site

### Medical Information

Health Care # \_\_\_\_\_ Province \_\_\_\_\_

Special Conditions: (please make us aware)

Asthma  Physical Restriction  Diabetes  Epilepsy

Other

Particulars \_\_\_\_\_

Other Special Health Concerns

(ie: diet) \_\_\_\_\_

Medication: \_\_\_\_\_

Reason, frequency, and duration: \_\_\_\_\_

Allergies:  Yes  No (explain) \_\_\_\_\_

### CAMP POLICIES

**REGISTRATION TIME** – Thursday 4pm

**CLOSING** - Sign out is Saturday 8pm.

**CAMPER SIGN OUT POLICIES** - In order to keep DTBC a safe place, campers must be signed out of the camp office before leaving the grounds.

**LOST & FOUND** - Please call as soon as possible if you have lost belongings.

**TUCK/STORE** – Tuck shop will be open over the retreat. You can purchase treats, Bibles and other camp merchandise such as T-shirts, hoodies, etc.,

**PAYMENT** - Cash, cheques, money orders, e-transfers, or credit/debit (credit/debit handled online only and not onsite). Cheques can be made payable to DTBC and can be mailed to BOX 2455, Fairview AB T0H 1L0. Please do not post date cheques.

**DEPOSIT** - A \$50 deposit must accompany all registrations; deposits for registrations can be done online, by e-transfer, or by cheque.

**CANCELLATION POLICY** - When a cancellation is made two weeks prior to a camp session, the fee, aside from the deposit, will be refunded. There will be no refund if the cancellation is made less than two weeks prior to the start of the registration camp session, unless in the case of a medical emergency.

I understand and agree that pictures may be taken during camp. These pictures may or may not be used by David Thompson Bible Camp for promotions.  Yes  No **(must check one)**

I understand and agree that DTBC would like to send me emails about upcoming camp and partner events. I may unsubscribe at any time.  Yes  No **(must check one)**

**I/We have read and agreed to the policies and conditions on the reverse side of this document.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_