

Please return

**ASSUMPTION OF RISK AND
RESPONSIBILITY and RELEASE OF
LIABILITY**

There are significant elements of risk in any adventure, sport or activity associated with a “The **Ontario Camp of the Deaf & Motocamp**”. (THE CAMP), the Township and Municipality of Seguin and S.M.A.R.T. Inc. Although we have taken reasonable steps to provide you with appropriate equipment and/or skilled instructors so you can enjoy an activity for which you may not be skilled, we wish to remind you that camp activities are not without risk. Certain risks cannot be eliminated without destroying the unique character of the activity. The same elements that contribute to the unique character of the activity can be causes of loss or damage to your equipment, or accidental injury, illness, or in extreme cases, permanent trauma or death.

ACKNOWLEDGEMENT OF RISKS: I acknowledge that the following describes some, but not all of the risks:

- 1) Slips, trips, falls or painful crashes while using the facilities or equipment,
- 2 Misuse of equipment or facilities, or failure of equipment;
- 3 My physical strength, coordination, sense of balance, and ability to follow or give directions while enrolled at the camp
- 4 Fatigue, chill and/or dizziness, which may diminish my/our reaction time and increase the risk of accident
- 5 The presence, actions or falls of other participants.

I understand the description of these risks is not complete and that other unknown or unanticipated risks may result in injury, illness or death.

EXPRESS ASSUMPTION OF RISK AND RESPONSIBILITY: In recognition of the inherent risks of the activity, which I and any minor children for which I am responsible, will engage in, I confirm that I am (we are) physically and mentally capable of participating in the activity and/or using equipment. I/We participate willingly and voluntarily and I assume full responsibility for damage to or loss of my/our personal property. I acknowledge that wearing appropriate clothing and footwear are basic safety precautions, and that wearing an approved helmet may help prevent head and/or neck injuries. I assume the risk(s) of personal injury accidents and/or illness, including but not limited to sprains, torn muscles and/or ligaments; fractured or broken bones; eye damage; cuts, wounds, scrapes, abrasions, and/or contusions-, dehydration, oxygen shortage (anoxia), exposure and/or altitude sickness; head, neck, and/or spinal injuries-, insect bite or allergic reaction; shock, paralysis, and/or death.

COVENANT OF GOOD FAITH: I recognize, **The Camp** as provider of services, will operate under a covenant of good faith and fair dealing, but that you may find it necessary to refuse or terminate, the participation of any person you judge to be incapable of meeting the rigors and requirements of participating in the activity. I accept your right to take such actions for the safety of myself and/or other participants.

AUTHORIZATION

I hereby authorize any medical treatment deemed necessary in the event of any injury or illness while participating in the activity. I either have appropriate insurance or, in its absence, agree to pay all costs of rescue and/or medical services as may be incurred on my/our behalf. I agree that any film or photographs of me/us, as participants, become The Camp’s property and may be used for promotional or commercial purposes.

RELEASE:

In consideration of services or property provided, I, for myself and any minor children for which I am parent, legal guardian or otherwise responsible, any heirs, personal representatives or assigns, do hereby release: The Ontario Camp of the Deaf, The Ontario Mission of the Deaf, the Township and Municipality of Seguin, S.M.A.R.T Inc., its Directors and Founders., principals, officers, agents, employees and volunteers, and each and every land owner, municipal and/or governmental agency upon whose property an activity is conducted, from all liability and waive any claim for damage arising from any cause whatsoever.

I have read and understood the foregoing acknowledgement of risk, assumption of risk and responsibility, and release of liability. I understand that by signing this form I may be waiving valuable legal rights.

If the participant is under 18, the Parent or Legal Guardian must also acknowledge risk and sign

Campers Name: _____ (print)

Parent Guardian Name: _____ (print)

Signed: _____ Date: _____

Address if different: _____