

# Durham College and the University of Ontario Institute of Technology – Campus Recreation and Wellness Centre CHILDREN’S SPORT CAMPS - INFORMED CONSENT AGREEMENT

Camp Participant’s Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone No: \_\_\_\_\_ Parent-Guardian: \_\_\_\_\_

**List camp(s) registered for:** \_\_\_\_\_

**DISCLAIMER CLAUSE**

Durham College and the University of Ontario Institute of Technology and the Campus Recreation and Wellness Centre, the Governors of the Durham College and UOIT Boards, their officers, directors, agents, contractors, employees, coaches/instructors, trainers, volunteers, students, members and representatives (all hereafter collectively referred to as “the Institution”), are not responsible for any participant’s death, injury, loss or damage of any kind sustained by any person while registered as a Camp participant of the above noted camp except to the extent that such injury, loss or damage was caused by the negligence of the Institution.

**DESCRIPTION OF ACTIVITIES**

The following activities that your child may participate in during the Children’s Sport and Activity Camp are:

- Crafts – cut and paste, painting
- Fitness & Games Instruction
- Team Sports/ Cooperative Games
- Badminton Court Activities
- Ice Skating (Multi Sport Camps only)
- Other

**ASSUMPTION OF RISKS**

In consideration of my child’s participation in the above noted Camp and all related activities, I and my child acknowledge that we are aware of, appreciate and accept the inherent physical risks and the other possible RISKS, DANGERS, AND HAZARDS associated with being a participant, including the **possible risk of severe or fatal injury** to my child or others. These risks **include but are not limited to:**

- a) all manner of injuries resulting in muscular injuries and soft tissue injuries including bruises, scrapes, cuts, etc, from executing strenuous and physically demanding physical techniques, collisions with the wall, floor, uneven playing surfaces, contact with other participants (including spotters whose role is to enhance safety and learning) and failure in proper use of equipment either by my child, or other participants of the Institution;
- b) all manner of injuries resulting from the mechanical failure of apparatus/equipment;
- c) all manner of injuries resulting in dislocations, concussion, hematomas, whiplash, contusions, sprains, pulled or strained muscles, knee injuries, and broken bones;
- d) transmission of diseases in various ways and types from contact with other participants resulting in death, disease or other illnesses;
- e) all manner of head, neck, spinal, facial, eye, nose and/or dental injuries;
- f) all manner of injuries resulting from heat cramps, and heat stroke during hot summer days;
- g) all manner of injuries and/or death that may result from transition between facilities
- h) that my child’s risk of injury increases as they become fatigued;

Parent/Guardian Initials: \_\_\_\_\_

**ACKNOWLEDGEMENT OF RESPONSIBILITIES**

The parent/guardian and the participant understand and acknowledge the following:

1. **TO FOLLOW** all the instructions and rules given by those responsible for or in charge of the above noted Camp and all related activities while my child is a participant and participating in the above noted Camp. I understand and accept that the instructions and rules are in place to provide a safe environment for the entire camp;
2. **TO OBEY** all the rules and regulations pertaining to the above noted camp and all related activities.

Parent/Guardian Initials: \_\_\_\_\_

**CONDITION OF REGISTRATION**

The parent/guardian and the participant understand and acknowledge the following:

1. That the participant sees a licensed medical practioner on a regular basis and to the best of my/our knowledge is physically and mentally able to participate in all activities of this camp.
2. That the participant will wear full protective equipment demanded by the sport and that the equipment brought to the camp with him/her meets or exceeds all minimal CSA or Sport governing body standards;
3. Should the participant be injured during the camp I/we give permission for Institution staff to provide emergency medical treatment.

Parent/Guardian Initials: \_\_\_\_\_

**I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THIS INFORMED CONSENT AGREEMENT**, that I understand, appreciate and accept the risks associated with my child’s participation in the above noted camp and all related activities at Durham College and the University of Ontario Institute of Technology. As the parent / guardian for the participant, I consent for my child’s participation in the above noted camp and all related activities.

DATE SIGNED: \_\_\_\_\_

Name of Participant: \_\_\_\_\_ Name of Witness: \_\_\_\_\_

Signature of Parent / Guardian: \_\_\_\_\_ Signature of Witness (not a family member): \_\_\_\_\_

Contact Information for Witness: \_\_\_\_\_

1.Participant/Parent/Guardian:In accordance with section 39(2) of the *Freedom of Information and Protection of Privacy Act*, you are advised that the personal information collected on this form is collected under the authority of the “Ministry of Colleges and Universities Act”, R.S.O., 1990 and Regulation 770. It will be used by Durham College/University of Ontario Institute of Technology personnel only for relevant College/University activities and may be used for statistical and administrative reporting purposes of the College. No personal information will be made available to third parties. (2005)  
 2.The Witness information is being collected to verify the validity of the person who is signing as a witness to this document. Signed documents must be filed with the CRWC and be kept for a minimum of **five years**.