



# Camp AK-O-MAK Non Profit



2021

## PERMISSION AND WAIVER

(THIS FORM MUST BE SIGNED PRIOR TO THE START OF CAMP)

On behalf of my child, I understand that my child's participation in Camp Ak-O-Mak for Girls program is completely voluntary.

- I have familiarized myself with Camp Ak-O-Mak's program and activities.
- I give permission for my child to participate in any activities on the camp premises and any trips out of camp during the summer.
- Although Camp Ak-O-Mak takes reasonable safety measures to minimize the risk of injury, I recognize that certain risks are imminent in the camping industry. I therefore release Camp Ak-O-Mak from and waive any claim for injuries, loss, or other damages while on or off camp property during my child's stay at camp.
- I further recognize and have instructed my child in the importance of knowing and abiding by Camp Ak-O-Mak's rules, regulations and procedures for the safety of participants.
- I also give permission for my daughter's likeness to be used in camp promotional materials such as, but limited to, Camp brochure, website, video, social media posts.
- I also agree and accept to pay any and all damages should my child participate in vandalism.
- I agree and accept that the proper forum for ANY legal action against Camp Ak-O-Mak or it's associated personnel, including Medical, is the Province of Ontario, Dominion of Canada.
- I understand/accept that Store Purchases, Out of Camp Events with Food Purchases & Travel, additional Medical Expenses will be charged to my daughters Refundable Expense Account. Balance of refundable expense account to be charged to credit card on file.
- I understand and accept Camp Ak-O-Mak will be contacting by email.
- I give permission for my daughter to be tested for COVID-19 as part of Ak-O-Mak 2021 safety plan. (parents will be notified of a positive test result)

To indicate your agreement to the foregoing, please initial the following: Yes, I do agree: \_\_\_\_\_

Signature of Parent/Guardian

Print Participant's name (first child)

Print name of Parent/Guardian

Print Participant's name (second child)

Print date

Print Participant's name (third child)

**Business Office:** 14-441 Stonehenge Dr., Ancaster, Ontario, Canada L9K 0B1, T: 416.427.3171, F: 905.304.2982

**Email:** [Dianne@campakomak.com](mailto:Dianne@campakomak.com)

**Website:** [www.campakomak.com](http://www.campakomak.com)

**Summer Address:** 240 Akomak Rd, Ahmic Harbour, Ontario, Canada P0A 1A0, T: 705.387.3810, F: 705.387.0077