

Ontario Mennonite Music Camp Camper Information

Camper's First Name: _____ Last Name: _____

Home Address: _____ City: _____ Postal Code: _____

Home Phone Number: _____ Camper Email: _____

Guardian's Name: _____ Phone: _____ Work: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Camper's Health Card Number: _____

Does your child have any allergies, drug sensitivities or any other medical condition of which the Camp Director should be aware? If so, please specify: _____

Consent, Indemnification and Release

I, _____, am the legal guardian or custodial parent of _____.

(Name of Parent or Guardian)

(Name of Camper)

1. I hereby give my permission to Ontario Mennonite Music Camp staff and volunteers to provide basic first aid or procure medical treatment for the camper in case of injury or accident or otherwise by a nurse, doctor, hospital or clinic chosen by the camp staff. I agree to be responsible for any and all costs associated with such treatment.
2. I hereby give permission for the camper to participate in any publicity arranged for Ontario Mennonite Music Camp including but not limited to such media as newspapers, photographs, television, brochures, websites, slide presentations and videos.
3. I hereby release and forever discharge Ontario Mennonite Music Camp, its staff and volunteers, from and against all claims, actions, costs, damages and expenses with respect to damage and/or bodily injury to my child as a result of his or her participation in the said "Ontario Mennonite Music Camp."
I have read the Camper Expectations document and understand that Ontario Mennonite Music Camp has a violence-free policy to ensure the safety of all participants. Any behavioural misconduct will result in immediate removal from this program, with no money refunded.

Having read and understood the consent, indemnification and release form in its entirety, I declare that I hereby agree to be bound by the terms and conditions. Understanding the terms and conditions of this indemnification and release, I give my consent for the registrant to participate.

Signature: _____ Date: _____