

BACHELOR OF PHYSICAL AND HEALTH EDUCATION – DAY CAMPS INFORMED CONSENT  
PARENT/GUARDIAN CONSENT, ACKNOWLEDGEMENT OF RISK, WAIVER, and RELEASE & INDEMNITY

**INFORMED CONSENT**

This is a release of liability and waiver of claims. It is a legal document so make sure **you read through it carefully and understand what you are signing**. If at anytime **you have a question, please contact:**

Mylae Robson, Physical and Health Education Coordinator & mini CAMPS Supervisor  
Office: Room 201-A, Physical and Health Education Centre Nipissing University  
Work Number: 705-474-3450 ext. 4896  
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**PART A – UNDERSTANDING AND ACKNOWLEDGMENT OF RISK**

**I, the undersigned parent/guardian of the child(ren) registered understand and acknowledge...**

- That **my child(ren) will be offered an opportunity to engage in a combination of indoor and outdoor physical activity** based programming suitable for their age group. This may include winter activities such as hiking, snow sliding, and building snow structures; along with indoor activities including, but not limited to; various sports (floor hockey, soccer, volleyball), parachute games and obstacle course.
- That I am **aware of and freely accept and assume responsibility for all risks to my child(ren)** in connection with their participation in camp activities. I understand that there is a possibility of personal risk, damage or injury to my child(ren) and assume responsibility for those risks as a condition of registering my child(ren) for this program through the Bachelor of Physical and Health Education program at Nipissing University.
- That part of the **risk involved** in undertaking any activity or program is relative to one's own state of fitness or health (physical, mental, or emotional) and the awareness, care and skill with which my child(ren) conducts themselves in that activity or program.
- That my **child(ren)'s choice to participate in any camp activity bring with it the assumption by me of those risks** or results stemming from this/these choices and the fitness, health, awareness, care and skill that my child(ren) possesses and uses.
- That I am **free to withdraw my child from camp activities at any time**, and that if my child(ren) are unable to participate fully that it is my responsibility to withhold the child(ren) from attending.
- That I have **been given the opportunity to inquire about the nature of any activity**, program or services that I am not completely familiar with and I have informed of any inherent risks, and that all activities will take place at our main campus – 100 College Drive, North Bay, ON. P1B 8L7.
- That all **camp activities will be facilitated by upper year placement** students registered in the School of Physical and Health Education, who are **managed by Mylae Robson**, Physical and Health Education Coordinator.
- That all camp facilitators will have completed a criminal reference/vulnerable sector screening within the last 12 months, as well as hold certification in Standard First Aid/CPR Level C.

I have **carefully read Part A – Understanding and Acknowledgment of Risk**. \_\_\_\_\_ Initial

**PART B – HEALTH POLICY**

**I, the undersigned parent/guardian of the child(ren) registered understand and acknowledge...**

- That **my child(ren) must be able to fully participate in camp activities**.
- That **I will keep my child(ren) home if they are experiencing any of the listed symptoms:**
  - Fever within last 24 hours
  - Chronic cough and/or runny nose with coloured discharge
  - Vomiting or upset stomach (e.g., diarrhea)
  - General fatigue or discomfort
  - Open/unknown rash
  - Head lice

**PART B – HEALTH POLICY continued...**

**I, the undersigned parent/guardian of the child(ren) registered understand and acknowledge...**

- That **camp facilitators are unable to administer medications.**
- That if my child(ren) **become ill while at camp** and do not require emergency medical attention, that the primary contact person on the registration form will be contacted. If the primary contact person is unreachable, the emergency contact person provided will be called.
- That if my child(ren) **require urgent medical attention**, camp facilitators will contact 911 immediately followed by contacting primary/emergency contacts provided.

I have **carefully read Part B – Health Policy.** \_\_\_\_\_ Initial

**PART C – BEHAVIOUR POLICY**

**I, the undersigned parent/guardian of the child(ren) registered understand and acknowledge...**

- That the Bachelor of Physical and Health Education **mini CAMPS are provided to children 4 to 12 years of age**, and that all **children participating must follow direction provided by camp facilitators** in order for successful activities to take place within a safe and productive learning environment.
- That there is a **zero hands on policy**, and that under no circumstances will any child or facilitator be prohibited to use physical contact in any way that could be harmful to others.
- That **unacceptable and/or distracting behaviour could affect the entire class** and camp, and should my child(ren) be demonstrating such behaviours that they will be asked to sit out of the activities taking place.
- That if unacceptable and/or distracting behaviour persists that the contact person provided on the registration form will be contacted.

I have **carefully read Part C – Behaviour Policy.** \_\_\_\_\_ Initial

**PART D – DROP OFF and PICK UP POLICY**

**I, the undersigned parent/guardian of the child(ren) registered understand and acknowledge...**

- That I am **only able to drop off my child(ren) at the designated times provided** to me on the schedules
- That for the safety of my child(ren), **camp facilitators will not release my child(ren) into the custody of ANYBODY who has not been pre-authorized** on the registration form.
- That it is **my responsibility to notify camp facilitators if there are any changes** to who may be approved for pick up.

I have **carefully read Part D – Drop Off and Pick-Up Policy.** \_\_\_\_\_ Initial

**PART E – PHOTO RELEASE**

**I hereby release the right to use any photo or video materials of my child(ren),** without limitation on time or frequency, for promotional, instructional or educational purposes with regard to the programs which operate under Nipissing University.

\_\_\_\_\_ Initial

**PART F – INDEMNIFICATION AND RELEASE**

I hereby **attest to the fact that my child has no physical restrictions** which would prohibit their participation in the Bachelor of Physical and Health Education **mini CAMPS** activities. I, the undersigned, **being the parent or guardian of said child(ren), agree to indemnify, save and hold harmless Nipissing University or any of its representatives, employees or camp facilitators for my child(ren)'s health, safety, or any injury and/or disability arising out of camp activities.** \_\_\_\_\_ Initial

**PART G – SIGNATURE**

I have been offered a copy of this release agreement and have been advised to read through its entirety carefully. I understand and acknowledge that by **signing this release agreement I waive all legal rights, including the right to sue or claim compensation following any incident.**

Print First and Last Name \_\_\_\_\_ Signature \_\_\_\_\_