

Virtual Camp Got2Go Liability Waiver

Virtual Village Waiver of Claims and Release from Liability

Please read this Release carefully before signing. By signing this Release, you confirm that you are the parent or legal guardian of the child named in this registration (the "Camper") in Crohn's and Colitis Canada's Virtual Camp Got2Go ("Camp") and as such, you are aware of the risks being assumed by the Camper which may have consequences for you, the Camper, or your family should the Camper be injured or lose their life while participating in any of the activities associated with the Camp.

By signing the Waiver and Release you confirm and consent to the Camper taking part in the Camp Program (s) in 2021 that are organized and hosted by Crohn's and Colitis Canada.

Camp acceptance is subject to the following terms and conditions:

A formal confirmation of registration based on available space and your child meeting the eligibility criteria, which will be sent to the parent (or guardian). You will receive a confirmation email from Crohn's and Colitis Canada confirming your child's registration.

Camp Activities and Assumption of Risks

Unless I advise you otherwise in advance in writing, I approve my child's participation in all the camp's programs and activities, and acknowledge that such participation involves risks and hazards incidental thereto, all of which are expressly assumed by me.

Confirmation of Participation of Virtual Camp Attendance

I understand that the Camper will be attending the camp's activities and programs through virtual attendance. I understand that it is my responsibility to ensure that the Camper has full access to a computer and the appropriate software (as deemed by Crohn's and Colitis Canada) in order to successfully participate in the program. I assume all responsibility for setting the Camper up on the computer or tablet etc. in order for the Camper to attend the program virtually. I will ensure the Camper is supervised by an adult while the Camper is engaged in Camp Got2Go activities and programs.

Exclusivity for Camper's Attendance

I confirm and understand that only the registered Camper subject to this application and waiver may participate in the camp and we will not share the links for the program with anyone else.

Camper Information Form is Complete and Accurate

The information provided is a complete and accurate statement of the physical and psychological factors that may affect participation at Camp Got2Go for the child named in this application. I realize that failure to disclose such information could result in harm to the child named or fellow children and agree to indemnify and hold Crohn's and Colitis Canada and its directors, officers, employees, agents and affiliates, harmless if all relevant information is not disclosed. If condition changes before camp starts, I will contact Crohn's and Colitis Canada to advise changes to ensure Camp Got2Go can provide the best care for my child during their attendance at the camp. If my child begins the camp and Crohn's and Colitis Canada was not notified of the change in the child's condition Camp Got2Go's Camp

Management Team has the ability to prevent the Camper from continuing participation at the camp if they feel they cannot meet the Camper's needs while participating in the Camp.

Sharing Information

I authorize the Camper's family physician or specialist who may be currently treating the Camper to release any medical information concerning the Camper's previous or current medical history or condition to Crohn's and Colitis Canada and/or any Physician selected by them to treat the Camper pursuant to the authorization given herein.

Final Statement

1. Your relationship with Crohn's and Colitis Canada, its Directors, officers, employees and agents shall be governed by the laws of the Province of Ontario and you shall submit to the exclusive jurisdiction of the courts of the Province of Ontario in that regard.

2. I hereby, on the Camper's and my own behalf and on behalf of my heirs, executors and administrators, release and forever discharge Cohn's and Colitis Canada, their officers, agents, employees, sponsors, and volunteers from any and all claims, liabilities, or causes of action resulting from the Camper's involvement in the Camp including all liability for damage to personal property, personal injury or loss arising out of or related to my participation in the Camp, whether caused by negligence, and/or statutory duty of care to the fullest extent permitted by law.

3. This Release will continue to have effect after the Camper's participation in the Camp.

4. This Release represents my full understanding of the subject matter contained herein and supersedes all prior agreements or communications with Camp Got2GoCrohn's and Colitis Canada.

5. Crohn's and Colitis Canada is not responsible for the acts or omissions of third parties.

6. I understand that I have the right and the opportunity to seek advice of independent legal counsel prior to signing this Waiver and Release and that in signing the Waiver and Release I confirm I have read this Waiver and Release in full and have knowledge and confirm that I understand and accept the terms and condition of this Waiver and Release.

Parent/Guardian Signature: _____ Camper Name: _____