

Medical Information, Photo Release, and Permission to Participate

This form is to be kept at the Centre and made available to the Centre's Managers, while the participant is actively involved in the camp taking place at the Centre under the facilitation of the TBOEC staff team.

Name of Participant _____ Date of Birth _____ Age _____ BC Services # _____
Emergency Contacts: Name _____ Relationship _____ Ph. _____ Name _____ Relationship _____ Ph. _____
Medical Information: Doctor _____ Ph. _____ Clinic _____ City _____ Allergies _____ Medical/Diet Concerns _____ Medication _____

I/We are aware of the Centre's activities and relevant policies. I/We are aware that there are activities that may use a climbing tower, a high ropes course, kayaks, stand-up paddle boards and many other Centre related games and activities. By signing below, I/we give permission for my child to participate in all programs. I know that I am welcome to discuss any concerns or questions with camp administration.

I/We are aware that Tribune Bay Outdoor Education Centre sometimes takes photos of groups or individuals participating in our activities. Photos are sometimes posted on the Centre's social media pages and website to share the experience that people have here. By signing below, I/we give permission for potential photos of my child participating in the Centre's programs to be shared online without compensation.

If you do not want photos taken of yourself/your child, please mark and "X" in the box.

In the unlikely event that my child is injured, the staff will administer first aid and/or will call in local medical support if needed (i.e. Fire Department First Responders or Local Doctor).

Parent(s) or Guardian Signature: _____ Date: _____