

# Camp Kawartha

## Release for Participation in Event, Program or Activity



**WARNING – Please read carefully. By signing this document, you will assume certain risks and responsibilities.**

In exchange for participation in programming (the “Activity”), organized by Camp Kawartha located at 1010 Birchview Road, Douro-Dummer, ON, the undersigned (“Participant”) agrees as follows:

1. **Agreement:** This is a binding legal agreement. Prior to participating, a Participant (or a parent/guardian of a Participant under the age of majority) must acknowledge and agree to the terms outlined in this agreement.
2. **Voluntary Participation:** The Participant is participating voluntarily in the Activity.
3. **Risks:** The Participant understands that participation in the Activity involves inherent risks, including risk of physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent paralysis and/or death, and, by participating in the Activity, the Participant assumes all related risks.
4. **COVID-19:** The Participant acknowledges the contagious nature of COVID-19 and voluntarily assumes the risk that they may be exposed to or infected by COVID-19 by attending Camp Kawartha and participating in the Activity, and that such exposure or infection may result in personal injury, illness, permanent disability, and death.
5. **Release:** The Participant releases Camp Kawartha and its affiliates, successors and assigns, officers, employees, representatives, partners, and agents (the “Releasees”), in their individual and/or corporate capacities from causes of action of any nature and kind, which the Participant may have against the Releasees arising out of or relating to any injury, loss or damage to person and property that may be sustained as a result of participation in the Activity. The Participant agrees to indemnify the Releasees against any and all claims, actions, lawsuits, damages, judgments, and costs or damages of any kind arising out of or relating to their participation in the Activity.
6. **Acknowledgment:** By signing this document, the Participant acknowledges they have read and understood this document, that they have signed the document voluntarily, and that this agreement is to be binding on themselves, and their heirs, administrators, personal representatives, executors, successors, and assigns.

\_\_\_\_\_  
Name of Participant (print)

\_\_\_\_\_  
Signature of Participant (if over 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Parent or Guardian

\_\_\_\_\_  
Signature of Parent or Guardian  
(if Participant is under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Witness

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date