Parent/Guardian Acknowledgement 2018 STEAM Summer Camp

In consideration of my child participating in the STEAM Summer Camp, I/we release and forever discharge, waive, and agree to save harmless and fully indemnify Pickering College (referred to as the "Camp" hereafter), its employees, agents, independent contractors, directors and representatives (the "Releasees") from any and all claims, demands, damages, actions, liability, or causes of action, howsoever caused, which arise out of or is in any way connected to my child's participation in this camp, except to the extent that such loss, injury or damages arises from the negligence of the Releasees.

I, the camper's parent/legal guardian, consent to the Camp's use of photographs/film footage of the campers for lawful promotional purposes for in-school or external media publications, websites, multimedia and social media should such an opportunity arise. In keeping with privacy legislation, it is entirely reasonable for a parent or legal guardian to request that photographs/film footage not be taken or used without consent. I/we agree it is my/our responsibility to speak to the Director of Junior School if I/we do NOT consent to the use of my/our child's likeness.

I agree that the Camp can collect, use and disclose to other departments at the School, personal information about us/me and my/our family for use in the operation and support of the School. I/We may at any time inquire how my/our information is being collected, secured and used.

My signature on this application further gives the Camp Director/Designate permission to transport the camper to a nearby physician or hospital, and to authorize medical treatment, including ordering the administration of medication, injections, anesthesia, surgery, or any other medical procedures deemed necessary in the circumstances by the treating physician in the event the camper becomes ill or is injured while attending or participating in Camp activities. I understand and agree that where possible, the Camp will attempt to notify me before seeking and obtaining medical attention. However, if I cannot be contacted or in the event of an emergency, I authorize the Camp to obtain immediate medical treatment for the camper and to notify me as soon as possible. I agree to reimburse the Camp for any additional expenses that may result from the provision of the above medical services and/or transportation for medical care. I also confirm that the camper is covered by the Ontario Health Insurance Plan or equivalent medical insurance. I hereby release and discharge the Camp from any and all claims of any nature whatsoever, which may arise out the decision to provide emergency medical care, dental care or hospitalization to the camper.

Sign-out Permission

At the end of the each day, campers must be signed out. You may choose for your child to be signed out by a parent or guardian, or you may choose to have your child sign him/herself out.

Please indicate your choice by checking the appropriate line.

___ I permit the following adults to sign my child out of Pickering College:

1._____ 2._____

3. _____ 4._____

By the signature below, I certify that the information given in the application is true and accurate to the best of my knowledge.

Signature ***Name Printed*** ***Date***

FOR OFFICE USE ONLY

CASH/CHQ:amt no.	**RECEIVED BY:**	**DATE:**