

**Camper's Name:** \_\_\_\_\_

IN CONSIDERATION OF the Participant being permitted to engage and take part in \_\_\_\_\_ (Name of Session) between the dates of \_\_\_\_\_ being offered, carried on, sanctioned, or sponsored by Southern Alberta Bible Camp, the undersigned Parent or Guardian of the Participant hereby releases and undertakes and agrees to save harmless and keep indemnified Southern Alberta Bible Camp, its principals, officers, agents, officials, servants, organizers, and representatives from and against all claims, actions, costs and expenses, and demands whatsoever in respect of death, injury, loss, or damage to the person or property of the Participant, howsoever caused, regardless of whether same may have been contributed to or occasioned by the negligence of Southern Alberta Bible Camp, its principals, officers, agents, officials, servants, organizers, and representatives.

The Parent/Guardian and the Participant understand and agree that the activities involved in the Camp listed above on the listed dates may include, but are not limited to those listed on the 2010 SABC application and promotional material. The Parent/Guardian and the Participant understand and agree that participation in these activities may involve an inherent danger and it is not possible to make these activities completely safe or free from risk. The Parent/Guardian and the Participant willingly accept all the risks and dangers therein.

It is hereby acknowledged and agreed that the contents hereof are fully understood by the Participant (and Parent/ Guardian) who agree(s) that same shall be binding upon (his/her/their) heirs, successors, executors, administrators, and assigns.

To the best of my knowledge, my child is in good health. I will notify the camp if my child is exposed to an infectious disease during the three weeks prior to camp. In the case of medical emergency, I understand every effort will be made to contact parents or guardians. In the event that I cannot be reached, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment, order injection, anesthesia, or surgery for my child as named above. In the event medication, medical advice, treatment and or/ equipment are required, I agree to accept financial responsibility in excess of the benefits allowed by the Provincial Health and/ or Medical Insurance.

I am aware that SABC is an Evangelical Bible Camp and that my child will be taking part in chapels and Bible study times.

I understand that on occasion pictures are taken for records and promotional purposes. Such pictures are always taken under the supervision of a representative of SABC. I give permission for pictures of my child to be used in this way.

**(Optional)** I know that SABC is in partnership with groups throughout Southern Alberta who organize and run youth events throughout the year. A representative of the camp from my area may use my phone number to contact me about these events and I am under no obligation to send my child.

I have read the above and agree to the terms as indicated.

Parent/Guardian Signature

Parent Guardian Name (Printed)

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\_\_\_\_\_

Date \_\_\_\_\_

**Return by fax to 403-792-3645 or by mail to SABC Box 99 Lomond AB T0L 1G0**