

## Assumption of Risk and Informed Consent

Pacific Pentecostal Education and Communication Society is operating Pacific Academy Summer Camps (PA Summer Camps). I am aware that there are potential risks and hazards associated with my child's participation in PA Summer Camps, and I acknowledge that accidents may occur during my child's participation. I am aware that PA Summer Camps will take all the necessary safety precautions and will attempt to minimize any risks associated with camp activities.

Accidents, however, may cause loss of personal property, injury or even death. These activities may include, but are not limited to:

- Dance
- Fitness
- Cooking/baking
- Cycling (Helmet required)
- Recreational Games and Athletics
- Organized classes/lessons (E.g. Pottery, Gymnastics, Art, etc.)
- Use of Inflatables/Bouncy Castles
- Obstacle Courses
- Beach and/or Parks Visit
- Swimming Pool (with lifeguard)
- Hikes and walks close to school
- Soccer
- Volleyball
- Basketball
- Use of Playground Equipment

Additional third-party waivers may be required for certain activities. Any additional waivers will be provided prior to the program's start date and must be signed before your child will be allowed to participate.

### Parent/Guardian Acknowledgment of Risk and Consent:

The undersigned, as the parent(s) or guardian of the student, having reviewed the information on this form, hereby:

- a) Consent to the student participating in PA Summer Camps, including courses and, if specified in the course description, day trips to other locations in the Lower Mainland.
- b) Understand that there are potential risks associated with summer camp activities.
- c) Recognize there are risks, but not limited to the hazards of vehicle travel, accident/illness in places without nearby medical facilities, weather and other circumstances beyond the control of PA Summer Camp employees and instructors.
- d) Authorize staff/instructors to consent to medical treatment for my child by any qualified medical practitioner as may be necessary in the event of an emergency without my prior approval. I understand that I will be notified by the quickest means possible if this authority is exercised.
- e) Understand that some of the summer courses will require my child to be transported off campus using Pacific Academy's vehicles.
- f) I acknowledge that it is my responsibility to advise PA Summer Camps of any medical and/or health concerns of my child that may affect his/her participation in the stated program or activity.

\_\_\_\_\_ I hereby grant to PA Summer Camps the right to reproduce, use, exhibit, display, broadcast, distribute and create derivative works of the photographed images of my child, for use in connection with the activities of PA Summer Camps or for promoting, publicizing or explaining PA Summer Camps or its activities.

\_\_\_\_\_  
Child's Full Name (Please Print)

\_\_\_\_\_  
Parent / Legal Guardian Name (Please Print)

\_\_\_\_\_  
Parent / Legal Guardian Signature

\_\_\_\_\_  
Date