



Equinox Adventures
 PO Box 31391 - Whitehorse, YT
 Y1A 6K8 - (867) 334-3725
 camp@equinox yukon.com
www.equinox yukon.com

2020 Adventure Program Registration Form

(one form per participant please)

Participant Information

Name: _____ Gender: _____

Date of Birth (d/m/y): _____ Age during program: _____ Is this a Returning Participant? Yes No

Name of Parent(s) / Guardian(s): _____

Who does Participant live with: _____

Address: _____ City: _____ Postal Code: _____

Home Ph: _____ Email: _____ *(camp receipts will be sent by email)*

Additional Emergency Contact Phone Numbers:

Phone: _____ Belongs to: _____ Relation to Camper: _____

Phone: _____ Belongs to: _____ Relation to Camper: _____

Program Fees		
	Item Cost	Sub Total
Climbing Club	\$378	
Climbing Club /session	\$35 x	
Equinox Hat or Touque	\$15	
	Sub Total	
	GST (x 5%)	
	Total	

Payment Summary
<p>I will be paying with:</p> <p><input type="checkbox"/> Interac e-Transfer (preferred)</p> <p><input type="checkbox"/> Cheque - payable to 'Equinox'</p> <p><input type="checkbox"/> Cash</p> <p><input type="checkbox"/> Visa / Master Card (we will email a PayPal invoice payable by cc)</p> <p>Please include campers name and program</p>

Conditions of Enrolment:

- I understand that my child will participate in the full program and all activities unless I advise the Camp otherwise in writing.
- I understand that the Camp Administration reserves the right to dismiss a camper who, in their opinion, is a hazard to the safety or rights of others, or, who appears to have rejected the reasonable expectations of the Camp.
- If at any time emergency medical treatment is necessary for my child, I give my consent for treatment to be given. Every effort will be made to contact the parent / guardian(s).
- I understand that pictures of my child taken at camp may be used on the Equinox website and on posters advertising Equinox Programs unless I advise the Camp otherwise in writing at the time of application.
- Camp fees (-\$50 admin fee) will be refunded only if a cancellation is made a minimum of 2 weeks prior to the session starting date.
- Refunds or reduction of fees will not be offered for days missed in a session.



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Medical Information Form

*We will not register your camper until this medical information form is complete.
 Please complete this page in its entirety so that we can be sure your camper's medical information is accurate.*

Name of Participant: _____

Health Card #: _____ Current Tetanus Shot? (yes/no): _____

Family Doctor's Name: _____

Please check off any significant medical conditions, physical limitations or behavioural concerns which might affect your camper's visit to Camp:

Asthma ~ Will your camper bring an asthma inhaler to Camp? Yes No

Medication ~ specify dosage and procedure while at camp

Epilepsy

Diabetes

Migraine Headaches

Ear, Nose, Throat Infections

Digestive Upsets

Sports Related Injuries

Recent Illnesses (specify)

Operations(s)

Behaviour

Other

Please describe limitations of checked off items:

Allergies and Food Concerns

Participant Carries an EPI-PEN

Food Allergy (specify): _____

Drug Allergy (specify): _____

Other (ie: bee stings): _____

Authorization

To the best of my knowledge, this camper does not have a communicable disease and is physically able to participate in all Camp activities except as indicated above. All medical problems or conditions requiring ongoing medical supervision or care have been fully noted. I give permission for this health information to be shared with the appropriate Camp staff and outside Medical Personnel as necessary. I understand that I will be notified following assessment or treatment by a local physician. In the case of an emergency, if I cannot be reached, permission is hereby given to the Camp staff to take whatever steps deemed necessary to ensure the safety and health of my camper. This also allows permission for the Camp to contact the camper's family physician. I will notify the camp if any changes occur in my camper's health status/medications prior to Camp starting.

My signature below indicates all information on this application form is complete and accurate.

_____, 2020
 Signature of Parent or Guardian

 Date

**RELEASE OF LIABILITY, WAIVER OF CLAIMS,
ASSUMPTION OF RISK AND INDEMNITY AGREEMENT**

Please note that by signing this agreement, you give up the right to sue for any injury or damages, howsoever caused.

TO: Equinox Adventure Consulting (“the Company”) and its directors, officers, employees, representatives and agents (collectively called “the Agents”).

I, _____ hereby sign this agreement on behalf of myself, my personal representatives, heirs and assigns.

1. I agree as a precondition to my participation in all events organized by “the Company” and/or “the Agents” including, but not limited to: Canoeing, Hiking, Mountain Biking, Climbing Tower, Zipline, Teambuilding, Ice Climbing, Ropes Course, Rock Climbing, Rappelling, Adventure Camp and Kayaking (collectively referred to as “the Activities”) and in further consideration of “the Company” allowing me to do so, that I will be strictly bound by the terms of this Release of Liability, Waiver of Claims, Assumption of Risk and Indemnity Agreement (“the Agreement”).
2. I acknowledge that “the Activities” involve **inherent risks and dangers that may cause serious injury and possible death to participants.**
3. I fully understand the risks and dangers associated with my participation in “the Activities” and **accept same entirely at my own risk.**
4. I hereby **waive any and all claims** which I may have against “the Company” and “the Agents” and release “the Company” and “the Agents” from **all liability** for injury, death, property damage or any other loss sustained by me as a result of my participation in “the Activities”, **due to any cause whatsoever; including negligence, breach of contract, or breach of any statutory or other duty of care** by “the Company” and/or “the Agents”.
5. I appreciate that “the Agreement” limits the liability of “the Agents” to the same extent as it limits the liability of “the Company”, even though “the Agents” are not formal parties to “the Agreement”.

I AM NOT A MINOR, AND I HAVE READ AND UNDERSTAND “THE AGREEMENT”. I UNDERSTAND THAT THIS DOCUMENT CONTAINS A PROMISE NOT TO SUE “THE COMPANY” AND/OR “THE AGENTS” AND THAT IT CONSTITUTES A RELEASE OF LIABILITY AND AN INDEMNITY FOR ALL CLAIMS.

Signature of Participant	Date _____, 2020
Witness Signature	Witness Name

IF I AM THE PARENT AND / OR LEGAL GUARDIAN OF THE PARTICIPANT, I HAVE READ AND UNDERSTAND AND AGREE TO EXECUTE “THE AGREEMENT” ON BEHALF OF CHILD / WARD. I HEREBY AGREE TO INDEMNIFY AND SAVE HARMLESS THE COMPANY AND AGENTS FOR ANY AND ALL CLAIMS, BY OR ON BEHALF OF OUR SAID CHILD IN RESPECT OF, OR ARISING OUT OF, ANY NEGLIGENCE, BREACH OF CONTRACT, BREACH OF STATUTORY DUTY OF CARE AS IT RELATES TO ALL THE EVENTS ORGANIZED BY “THE COMPANY” AND/OR “THE AGENTS”.

Name of Child	Signature of parent/guardian
Date _____, 2020	Print Name

INTENDING TO BE LEGALLY BOUND I HAVE SIGNED THIS RELEASE AND WAIVER OF LIABILITY