



Equinox Adventure Camp
 15 Arctic Chief - Whitehorse, YT
 Y1A 0C2 - (867) 334-3725
camp@equinoxukon.com
www.equinoxukon.com

2022 Adventure Leadership Program Registration Form

Registration Form(one form per camper please)

Camper Information

Name of Camper: _____ Gender: _____

Date of Birth (d/m/y): _____ Age at Camp: _____ Is this a Returning Camper? Yes No

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

Who does Camper live with: _____

Address: _____ City: _____ Postal Code: _____

Phone: _____ 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: _____

Please indicate Session(s) with a ✓

Session	Dates	Adventure Camp (Age 5-12)
1	June 20 - 24	
2	June 27 - July 1	
3	July 4 - 8	
4	July 11 - 15	
5	July 18 - 22	
6	July 25 - 29	
7	Aug 1 - Aug 5	
8	Aug 8 - 12	
9	Aug 15 - 19	
10	Aug 22 - 26	

Fee Schedule

Program	Cost	Sub Total
Adventure Leadership Program	\$525 x ____wk.(s)	
Equinox Hat	\$19 x ____	
Donation (Send a Kid to Camp)		
	Sub Total	
	Add 5% GST	
	Total	

I will be paying:

In Full
 A Deposit of \$50 / week,

I will be paying with:

Interac e-Transfer (preferred)
 Cheque - payable to 'Equinox'
 Cash
 Visa / Master Card
(we will email an invoice payable by cc)

include campers name and session #.

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Refunds:

Campfees (-\$50 admin fee) will be refunded only if a cancellation is made at least 3 weeks prior to the session start date. Refunds or reduction of fees will not be offered for days missed in a session.

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 at the time of application.
- 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.

What to Bring

- Lunch and snacks for Monday
- 1L bottle of water or juice
- Swimsuit, towel & wet shoes / sandals
- Sun hat, Sunscreen and bug repellent
- Rain gear (top and bottom)
- Warm clothes for those cooler days
- A keen sense of adventure!



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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 Camper: _____

Covid-19

- Campers will be screened daily for symptoms (Cough, Fever, Shortness of breath, General feeling of being unwell).

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

- | | |
|--|---|
| <input type="checkbox"/> Asthma ~ Will your camper bring an asthma inhaler? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <input type="checkbox"/> Allergies ~ Will your camper bring an EPI-PEN? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <input type="checkbox"/> Medication ~ specify dosage and procedure while at camp | |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Sports Related Injuries |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Recent Illnesses (specify) |
| <input type="checkbox"/> Migraine Headaches | <input type="checkbox"/> Operation(s) |
| <input type="checkbox"/> Ear, Nose, Throat Infections | <input type="checkbox"/> Behaviour |
| <input type="checkbox"/> Digestive Upsets | <input type="checkbox"/> Other |

Please describe limitations of checked off items:

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.

Signature of Parent or Guardian

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

(hereinafter the "Release Agreement")

BY SIGNING THIS DOCUMENT YOU WILL WAIVE OR GIVE UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE FOR NEGLIGENCE, BREACH OF CONTRACT OR CLAIM COMPENSATION FOLLOWING AN ACCIDENT

PLEASE READ CAREFULLY!

INITIAL OF PARENT

TO: Equinox Adventures / Equinox Adventure Camp and their respective owners, directors, officers, employees, instructors, guides, agents, independent contractors, subcontractors, representatives, successors and assigns (all of whom are hereinafter collectively referred to as "**the Releasees**")

DEFINITION

In this Release Agreement, the term "**Adventure Activities**" shall include but is not limited to: all activities, services and use of facilities and equipment either provided, arranged or organized by the Operator including orientation and instructional sessions or classes, guiding, supervision, transportation, accommodation, food, beverage including water supply, use of equipment, and multi-day camping or overnight stays in the outdoors.

ASSUMPTION OF RISKS

Participation in Adventure Activities involves various risks, dangers and hazards including the risk of serious injury, paralysis or death. The risks, dangers and hazards that may be encountered include, but are not limited to: slips, trips and falls; impact or collision with objects; encounters with domestic or wild animals; equipment failure; weather; infectious disease; negligence of other persons; and **NEGLIGENCE ON THE PART OF THE RELEASEES. I UNDERSTAND THAT NEGLIGENCE INCLUDES FAILURE ON THE PART OF THE RELEASEES TO TAKE REASONABLE STEPS TO SAFEGUARD OR PROTECT ME FROM OR WARN ME OF THE RISKS, DANGERS AND HAZARDS OF PARTICIPATING IN ADVENTURE ACTIVITIES.**

I AM AWARE OF THE RISKS, DANGERS AND HAZARDS ASSOCIATED WITH PARTICIPATING IN ADVENTURE ACTIVITIES AND I FREELY ACCEPT AND FULLY ASSUME ALL SUCH RISKS, DANGERS AND HAZARDS AND THE POSSIBILITY OF PERSONAL INJURY, DEATH, PROPERTY DAMAGE OR LOSS RESULTING THEREFROM.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

In consideration of the Releasees allowing me to participate in Adventure Activities as defined in this Release, I hereby agree as follows:

1. TO WAIVE ANY AND ALL CLAIMS that I have or may in the future have against the Releasees and **TO RELEASE THE RELEASEES** from any and all liability for any loss, damage, expense or injury including death that I may suffer, or that my next of kin may suffer as a result of my participation in Adventure Activities, **DUE TO ANY CAUSE WHATSOEVER, INCLUDING NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE ON THE PART OF THE RELEASEES. I UNDERSTAND THAT NEGLIGENCE INCLUDES FAILURE ON THE PART OF THE RELEASEES TO TAKE REASONABLE STEPS TO SAFEGUARD OR PROTECT ME FROM OR WARN ME OF THE RISKS, DANGERS AND HAZARDS OF PARTICIPATING IN ADVENTURE ACTIVITIES REFERRED TO ABOVE;**

- 2. TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES from any and all liability for any property damage or personal injury to any third party resulting from my participation in Adventure Activities;
- 3. This Release Agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives, in the event of my death or incapacity;
- 4. This Release Agreement and any rights, duties and obligations as between the parties to this Release Agreement shall be governed by and interpreted solely in accordance with the laws of Yukon and no other jurisdiction; and
- 5. Any litigation involving the parties to this Release Agreement shall be brought solely within Yukon, and shall be within the exclusive jurisdiction of the Courts of Yukon.

In entering into this Release Agreement I am not relying on any oral or written representations or statements made by the Releasees with respect to the safety of Adventure Activities, other than what is set forth in this Release Agreement.

I CONFIRM THAT I HAVE READ THIS RELEASE AGREEMENT, AND I AM AWARE THAT BY SIGNING THIS RELEASE AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS, ASSIGNS AND REPRESENTATIVES MAY HAVE AGAINST THE RELEASEES.

Date (dd/mm/yyyy)
Please Print Name of Camper

Signature of Parent or Guardian if Participant is under age 19
Please Print Name of Parent or Gardian