



# Registration at Capernway Quebec Bible Center



## Personal Information

Please PRINT clearly

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Birth date: \_\_\_\_\_

Would you like to receive our monthly E-News? \_\_\_\_ Yes \_\_\_\_ No

E-mail: \_\_\_\_\_

## Who to contact in an emergency

(If under 18 yrs of age, put guardians info here)

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

## Any Allergies

\_\_\_\_\_  
\_\_\_\_\_

## Any current health conditions

My following health conditions, allergies, physical impairments, dietary restrictions and medical requirements and/or other conditions may limit my full participation in the program, and are hereby made known to any physician, or professionally trained medical support person, attending to my needs:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Consent to Treatment

In the event that specific medical treatment or procedure is deemed necessary, or advisable, during the diagnosis and treatment of myself (or, the child under my guardianship) as the participant so named above, by my signature below, I authorize any physician, or professionally trained medical support person, to perform this treatment or procedure. This authorization also covers surgical treatment by a physician, if deemed necessary.

## Complete Release, Waiver of Claim, and Assumption of Risk

IN CONSIDERATION of permission granted now or in the future by Torchbearers Capernway Canada Society (The "Society") to use the Society's property, facilities, amenities (such as the team initiatives course, lake & water docks, forest trails, soccer area, sledding hill, swimming pool & equipment) (together the "Facilities") located in the Province of Quebec, Canada and to partake in activities sponsored or organized by the Society (the "Activities").

I, the undersigned, release the Society and its employees, representatives, volunteers, directors and officers (collectively called "Capernway") from all liability and waive as against Capernway all recourse, loss or damage, including any consequential damage or loss, claims, causes of action of any kind whatsoever that I or my next of kin may suffer as a result of my participation in the Activities carried out on and in the vicinity of the Facilities including the waterfront and dock adjacent to the Facilities (the "Waterfront") and I voluntarily accept the physical risk together with the legal risk, thereby expressly giving up my legal action.

I further acknowledge and agree:

- a) To follow the rules and regulations established by Capernway.
- b) That the Facilities are located in a natural setting which presents changes and variability in the terrain and weather as well as other unpredictable elements. As such the Facilities and Activities may present certain risks, hazards and dangers to my person and my property.
- c) That pool supervisors provided by the Society are on duty at the Swimming area only during designated hours and all other times outside of the designated hours the swimming facility is strictly off limits.
- d) That some of the aforesaid risks, hazards and dangers are foreseeable but others are not.
- e) That I nevertheless freely and voluntarily assume all the aforesaid risks, hazards and dangers and that, accordingly, my use of Facilities and Water areas (pool and lake) while participating in any Activities is entirely at my own risk.
- f) That I have carefully read the COMPLETE RELEASE, WAIVER OF CLAIM, AND ASSUMPTION OF RISK and that I fully understand same and that I am freely and voluntarily executing the same.
- g) That I understand that Capernway does not and will not permit me to participate in any program I register for unless I sign this COMPLETE RELEASE, WAIVER OF CLAIM, AND ASSUMPTION OF RISK which applies to all of the Activities and that the terms of this Agreement need not be brought to my attention each time I am participating in Activities in order to be effective.
- h) That I give Capernway the right to use, and consent to the use of, photographs and videos of me involved in Activities for Capernway's promotional purposes.
- i) That I verify that I am 18 years of age or older, (Parent or legal guardian must sign for minor).
- j) To indemnify and save harmless Capernway from and against all liability, claims, causes of action, loss or damage, including any consequential damage or loss, demands, costs and expenses of any kind whatsoever that Capernway may suffer as a result of injury, damage or loss to me or my property arising out of my participation in the Activities carried out on and in the vicinity of the Facilities or Waterfront, howsoever caused, and notwithstanding that such injury, damage or loss to me or my property may have been contributed to or occasioned by the negligence of Capernway.

PRIVACY POLICY – Capernway Quebec Bible Center is committed to protecting the privacy, confidentiality and security of guest, student & staff personal information and has a Privacy Policy for guests, students & staff. The Policy can be found at our website [www.capernwayquebec.ca](http://www.capernwayquebec.ca) or can be obtained by contacting our privacy officer at (250) 246-9440 (tel.) (250) 246-3201 (fax) or [dsnyder@capernway.ca](mailto:dsnyder@capernway.ca)

**PLEASE SIGN HERE....** I have read and understand all of the authorizations and conditions written on this registration form under the headings "**Consent to Treatment**" and "**Complete Release, Waiver of Claim, and Assumption of Risk**", and I agree to be bound by them. I acknowledge and agree that they are binding on my heirs, executors, my administrators, personal representatives, assigns, and myself.

Signature of Guest: X \_\_\_\_\_

Signature of Parent/Guardian (if under 18 yrs of age): \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_