



# KURIAKOS

Sylvan Lake Lutheran Bible Camp Association

## WAIVER AND CONSENT – ADULT/FAMILY

**Registering by paper?** Please provide contact and emergency information on the back of this sheet.

*This form must be signed by a camper over the age of 18. Signatures are given on behalf of the individual signing, and their family members attending with them. This form is valid for all programs attended in the same calendar year.*

Program Year: \_\_\_\_\_

NAME of Camper or Family: \_\_\_\_\_ Group (if applicable): \_\_\_\_\_ Email: \_\_\_\_\_

**Family or Adult Program(s) Registered for:** Please write the program name(s) to allow us to properly file your paperwork.

Kuriakos is an accredited member of the Alberta Camping Association. Kuriakos meets industry standards in all areas of programming, staffing, and facility management. All activities are facilitated and supervised in a safe manner by trained staff.

Before signing the statement below, please read the forms entitled **PREPARING FOR CAMP** and **RISK AWARENESS**, which can be found at [www.kuriakos.ab.ca/register](http://www.kuriakos.ab.ca/register). Signing the Waiver and Consent statement deems that you are aware of the items described by these documents, information provided within the Kuriakos Brochure and website, as well as details of this waiver.

### Statement of Assumption of Risk

1. The camper is voluntarily participating in the programs of Sylvan Lake Lutheran Bible Camp Association (owners and operators of Kuriakos). The camper voluntarily assumes the risks associated with participation. The camper is aware that personal injury or death, anxiety, illness, medical intervention, property damage, property loss, or other loss is possible as a result of participating in Kuriakos programs.
2. The level of risk incurred by this camper will be lowered if the camper properly follows established participant rules.
3. Photographic and video images captured during the course of a Kuriakos program may be shared with other campers via a program video or used for the purposes of promoting Kuriakos programs, facilities, or events. Promotion may include printed items, social media, the Kuriakos website, tradeshow appearances, presentations to outside groups, and other means. Images will be used for these purposes only.
4. Records are kept in accordance with legal requirement and industry norms.

The camper is responsible for providing all information required in order to care for that camper while at camp. Failure to notify staff of physical, dietary, emotional, medical, social, developmental or other issues may increase the risk of this camper experiencing harm while at Kuriakos.

### WAIVER and CONSENT

I, \_\_\_\_\_ (print adult/guardian's name), on behalf of myself and my family, hereby release Sylvan Lake Lutheran Bible Camp Association (Kuriakos), its agents, members and employees, and hold them harmless from any and all liability for any loss, accident, injury, or claim arising out of the said camper's use of Kuriakos or any of its facilities, or by virtue of participation in any of its programs. I am aware of the activities and policies of Kuriakos as stated in the camp literature, and the risk involved. I permit this camper to participate in the activities outlined therein.

I understand that Kuriakos, its staff or agents, reserves the right to dismiss any camper who, in the opinion of the staff or agents, is behaving in a manner hazardous to the safety and well being of others, without refund.

In case of emergency, I understand every effort will be made to contact me. In the event that I cannot be reached, I hereby authorize the Executive Director and/or Kuriakos Staff to secure medical advice and services as may be deemed necessary for the health and safety of this camper, including ordering injection, anaesthesia or surgery. I accept financial responsibility for any additional expense that may result from such services. I also consent to the use of any photograph, video, or other image of this camper taken while participating in Kuriakos sponsored events, for the purpose of promoting Kuriakos.

\_\_\_\_\_  
*signature of adult/guardian of family*

\_\_\_\_\_  
*date*

*revised Nov 2018*

Please bring this form to your program, or submit it by mail. Campers will not be allowed to participate without this form.

5-39317 Range Road 24, Lacombe County AB T4E 2R7 | [www.kuriakos.ab.ca](http://www.kuriakos.ab.ca) | 403.746.2702





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## REGISTRATION INFORMATION – ADULT/FAMILY

Registered online or by phone? Provide updates, or skip to the back! We may already have this information.

### Contact Information

Adult(s) Name(s): \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Medical Information

Please list personal information for each family member attending Kuriakos.  
If there are more people in your family, please attach a second sheet.

	Name	Sex	Birthdate (mm/dd/yyyy)	AB Health Care #
1.	_____	F / M	_____	_____
2.	_____	F / M	_____	_____
3.	_____	F / M	_____	_____
4.	_____	F / M	_____	_____
5.	_____	F / M	_____	_____
6.	_____	F / M	_____	_____

Please list any **food restrictions, medical conditions, allergies, or prescriptions** of which Camp Staff / emergency medical personal should be aware. Provide any information that may help treatment decisions in the case of emergency. Please provide details below or attach a separate sheet.

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

If parents/guardians are unavailable during an emergency, please notify:

_____	_____	_____
<i>Emergency Contact</i>	<i>Relationship</i>	<i>Phone</i>
_____	_____	_____
<i>Family Doctor</i>	<i>City</i>	<i>Phone</i>

To the best of my knowledge, the above information is accurate and complete.

\_\_\_\_\_ date \_\_\_\_\_ signature of adult camper

