



## WAIVER AND CONSENT – KIDS/YOUTH

This form must be signed for campers under the age of 18 to participate in Kuriakos program events. This form is valid for all programs attended in the same calendar year.

Program Year: 2026

NAME of Camper: \_\_\_\_\_

Email: \_\_\_\_\_

for eCourier newsletter subscription

Please write the program name(s) to allow us to file your paperwork.

Kuriakos is an accredited member of the Alberta Camping Association and is committed to providing a safe, positive, and enriching camp experience. We strive to meet or exceed industry standards in programming, staffing, and facility management. Camp activities are planned and supervised by trained staff, with participant safety as a priority.

By signing this Waiver and Consent Form, you acknowledge that you have read and understood the information provided by Kuriakos regarding camp expectations, participant responsibilities, and the inherent risks associated with camp activities. You confirm that you have had the opportunity to ask questions and that you voluntarily consent to participation in Kuriakos programs.

### Statement of Assumption of Risk

1. Participation in Kuriakos programs is voluntary. I understand that Sylvan Lake Lutheran Bible Camp Association, operating as Kuriakos, provides supervised programs, activities, and facilities, and that participation in camp activities may involve risks that cannot be completely eliminated.
2. I understand that these risks may include, but are not limited to, personal injury, illness, anxiety, emotional distress, medical intervention, property damage, property loss, or other loss. I understand that the level of risk may be reduced when participants follow Kuriakos rules, staff instructions, safety guidelines, and activity expectations.
3. I acknowledge that I am responsible for providing Kuriakos with accurate and complete information needed to support the participant while at camp. This includes physical, dietary, emotional, medical, social, developmental, behavioural, or other information that may affect the participant's care, safety, or experience. Failure to provide this information may increase the risk of harm or limit Kuriakos' ability to provide appropriate support.
4. Participant records are collected, stored, and maintained in accordance with applicable legal requirements and camp industry practices.

### WAIVER and CONSENT

\_\_\_\_\_, (Parent/Guardian Name), on behalf of \_\_\_\_\_ (Participant Name), acknowledge that I have read and understood this Registration, Waiver & Medical Information Form.

I understand that participation in Kuriakos programs involves inherent risks and voluntarily permit the participant named above to participate in the programs and activities offered by Sylvan Lake Lutheran Bible Camp Association ("Kuriakos").

In consideration of the participant's involvement in Kuriakos programs, I release and hold harmless Sylvan Lake Lutheran Bible Camp Association (Kuriakos), its Board of Directors, employees, volunteers, agents, and representatives from any claims, demands, actions, or liability arising from participation in camp programs or the use of Kuriakos facilities, except where liability cannot legally be excluded under applicable law.

I acknowledge that I have received information regarding Kuriakos programs, activities, expectations, and participant responsibilities. I understand that Kuriakos reserves the right to dismiss any participant whose behaviour, in the opinion of camp staff, places themselves or others at risk or significantly disrupts the camp community. In such circumstances, participants may be sent home without refund.

In the event of an illness or medical emergency, I understand that every reasonable effort will be made to contact me or my emergency contact. If I cannot be reached, I authorize Kuriakos staff to obtain medical advice, treatment, transportation, or emergency medical services deemed necessary for the health and safety of the participant, including diagnostic procedures, medication, injections, anesthesia, or surgery, as recommended by qualified medical professionals. I accept responsibility for any costs associated with medical treatment or transportation that are not covered by provincial health insurance or other insurance.



# KURIAKOS

Sylvan Lake Lutheran Bible Camp Association

## REGISTRATION INFORMATION – KIDS/YOUTH

### Contact Information

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

Sex: F / M

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

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

Email: \_\_\_\_\_

Parent(s)/Guardian(s)

Relationship

Phone

1. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Medical Information

AB Health Care #: \_\_\_\_\_

If Parent/Guardian are unavailable during an emergency, please notify:

\_\_\_\_\_

Emergency Contact

\_\_\_\_\_

Relationship

\_\_\_\_\_

Phone

\_\_\_\_\_

Family Doctor

\_\_\_\_\_

City

\_\_\_\_\_

Phone

## HEALTH INFORMATION

### Allergies

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

### Dietary Restrictions

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

### Medical Conditions

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

### Additional Health Information

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



# KURIAKOS

Sylvan Lake Lutheran Bible Camp Association

**Over-the-Counter Medication:** May Kuriakos Staff administer common over-the-counter medications if necessary (such as Tylenol, Advil, antihistamines, or nausea medication)?

- Yes
- No

If no, please specify:

---

---

**Immunizations:** Are immunizations current?

- Yes
- No

**Emergency Medication:** Does the participant carry any emergency medication?

- EpiPen
- Inhaler
- Diabetic Supplies
- Other: \_\_\_\_\_

## HEALTH & COMMUNICABLE ILLNESS

The health and well-being of our campers, guests, volunteers, and staff is important to us. If I know or reasonably suspect that my child has a communicable illness or is experiencing symptoms of a contagious condition before arriving at camp, I agree to notify Kuriakos as soon as possible. I understand that, to help protect the health of others, Kuriakos may ask a participant to delay attendance until it is safe to participate.

If a participant becomes ill while at camp, or arrives displaying symptoms of a communicable illness, Kuriakos reserves the right to require that the participant return home if, in the opinion of camp staff, they may pose a health risk to others. Any refund or credit will be handled in accordance with Kuriakos' cancellation and refund policies.

**ADDITIONAL INFORMATION:** Please tell us anything that would help our staff care for your participant (swimming ability, behavioural or emotional supports, learning needs, cabin requests, separation concerns, recent family events, etc.).

---

---

---

---

## ASSUMPTION OF RISK

Kuriakos is an accredited member of the Alberta Camping Association and is committed to providing safe, supervised programs. Participation in camp activities involves inherent risks that cannot be completely eliminated despite reasonable precautions. I understand these risks and voluntarily choose to allow my child to participate in Kuriakos programs.

**PHOTO & MEDIA CONSENT:** Photographs and video may be taken during Kuriakos programs for use in promotional materials, social media, presentations, and the Kuriakos website.

- I consent to the use of my child's image.
- I do not consent to the use of my child's image.

**Acknowledgement & Signature:** I certify that I am the parent/legal guardian of the participant named on this form, or am otherwise authorized to sign on their behalf. I have read and understand this Registration, Waiver & Medical Information Form, and I acknowledge and agree to its terms. I certify that the information I have provided is true, accurate, and complete to the best of my knowledge.

Participant Name: \_\_\_\_\_ Parent/Guardian Name (Print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_