PARENT/GUARDIAN CONSENT FORM

I hereby grant _______________________ permission to participate in the Vikes Camps Program.

(Child's Name)

The Vikes Camps Program reserves the right to refuse further participation to any participant for inappropriate behavior.

I understand participation in Vikes Camps run by the University of Victoria may expose my child to known and unanticipated risks, dangers, and hazards which are inherent in the program and cannot be eliminated without jeopardizing the quality of the program. I acknowledge that the University of Victoria will not be responsible for injury, loss or damage to my child or my child’s property. I am aware that the risks to my child may include, but are not limited to the following: (a) loss or damage to personal property; (b) serious physical or emotional injury; (c) over exertion or lack of fitness or conditioning (d) my own failure or that of other participants to follow the safety guidelines; and (e) negligence of other participants.

I Acknowledge that I Have Read and Understand this Agreement

Signature: _____________________________  Date: __________________________

(Parent/Guardian Signature)

PHOTO RELEASE FORM

I authorize Vikes Camps run by the University of Victoria to video or photograph my child. The University of Victoria may use and re-use all or parts of the video or photograph. The University of Victoria shall own all right, title and interest in and to the video or photograph including the recordings, to be used and re-used and disposed of without limitation in any media or form of distribution as the University of Victoria may solely determine.

Signature: _____________________________  Date: __________________________

(Parent/Guardian Signature)

Name of Child: _________________________

Name of Camp Child is Attending: __________________________