

Informed Consent and Assumption of Risk

READ BEFORE SIGNING

Representative's Name: _____ DOB: _____

(please print)

IN CONSIDERATION of being permitted to participate in any way at Kenosee Lake Bible Camp, operated by One Hope Ministries of Canada (hereafter known as ministry point), I, the representative, acknowledge, understand, and agree:

1. The COVID-19 virus pandemic remains an on-going threat. I understand that there still is a risk of exposure to the virus while my child attends the camp, in spite of the precautions that have been taken by the ministry point in following directions outlined by local health authorities to try to limit exposure to the COVID-19 virus or to other communicable diseases. I further understand if my child has a pre-existing condition, it may make them more vulnerable to the virus.
2. Participation in activities could result in possible personal injury. Despite precautions taken by the ministry point, accidents and injuries may occur. By signing this form, I, the representative, assume all risks related to the use of any and all spaces used by the guest group.
3. To release from responsibility, the ministry point, including all missionaries, full-time and part-time, paid or volunteer, and the facilities used from any cause of action, claims, or demands now, and in the future that might arise out of the participant's participation in activities at the ministry point or from the physical risks associated with the activities.
4. I, the representative, accept all risks relating to such activities including personal injury such as: cuts, sprains, scrapes, bruises, fractures, broken bones, concussions, death, or any personal property damage/loss, which may occur on the camp premises. **I, the representative, understand these risks and will not hold the ministry point liable for any such injury.**
5. Furthermore, I, the representative, agree to obey all ministry point rules and take full responsibility for our behaviour in addition to any damage we may cause to the facilities utilized by the guest group.

I, based on our organization and their representative, have read this *Informed Consent and Assumption of Risk Agreement*, fully understand its terms and the risks I am assuming by signing it, and sign it freely and voluntarily. I understand that it is my responsibility to communicate the risks to the rest of the guest group.

Printed Name

Guest Group Name

Representative Signature

Date

Phone #

(Address, City, Province, Postal Code)

Note: A representative can sign one Informed Consent and Assumption of Risk form on behalf of the entire guest group if it is determined that the guest group is low risk (i.e. family gathering, quilting club, etc.) and have communicated the risks to the rest of the guest group.