

HONEY HARBOUR ASSOCIATION INC. (“HHA”)

ACKNOWLEDGMENT AND RELEASE

Acknowledgment:

The Undersigned hereby acknowledges the following:

1. I am a parent or guardian of the participant identified below (my “child”) who will take part in the activities provided by the day camp operated by the HHA, called the Honey Harbour Association HOOTS Day Camp (the “Camp”);
2. My child will be taking part in the Camp activities, exercises and games that will include, but are not limited to, swimming, canoeing, sailing, tennis, hiking, arts and crafts, archery, boating, fishing, and dodge ball together with off-site excursions and boating transportation to and from the Camp, any or all of which may entail a risk of loss or damage to personal property, personal injury or fatality;
3. My child will have the ability to choose not to participate in a particular activity;
4. In the event of personal injury, initial treatment may be performed by the Camp staff and there may be a need for transportation to medical facilities in Midland or Orillia, Ontario;
5. There will be no supervision by Camp staff outside of regular Camp operating hours which are 10:00 a.m. to 3:00 p.m. Monday to Friday during July and August, 2023.

Release:

In consideration of the provision by HHA of the Camp services, I hereby release and forever discharge the HHA, its directors, officers, the Camp Director, the staff who are engaged by the Camp to provide and supervise the Camp activities for the participants and all other HHA volunteers, staff and members (collectively, the “related parties”) from and against all claims, losses, demands, damages, suits, debts, duties and liabilities whatsoever (collectively, the “Damages”) to which my child may be subject or which my child may suffer for or by reason of or in any way arising out of my child’s participation in the Camp and its activities and including, without limitation, Damages arising from the negligent acts or omissions, breach of contract or breach of the duty of care of an occupier under the Occupiers Liability Act (Ontario) or of other statutory duties or obligations, on the part of HHA or any of the related parties.

Name of Participant (Please Print)

Name of Parent or Guardian (Please Print)

Signature of Parent or Guardian

Date