



**Activity Release and Consent Agreement  
Camp Limitless, Town Island, MB  
July 17-21, 2019**

THIS ACTIVITY RELEASE AND CONSENT AGREEMENT (“Release”) is given from the undersigned to the Arthritis Society and its successors, effective as of the date signed below. As a condition to submission of an application for participation at Camp Limitless (the “Camp”), the undersigned consents and agrees, on behalf of the undersigned and the minor child named below (the “Minor”), to be bound by the terms and conditions in this Release.

To the fullest extent permitted by law, the undersigned, on behalf of the undersigned and the Minor, and their respective heirs, personal representatives, estates, relatives, administrators, executors, successors and assigns, hereby unconditionally waives, releases, forever discharges and holds harmless the Arthritis Society, all corporate sponsors, cooperating organizations, other parties connected with the Camp in any way and their respective agents, directors, managers, governors, officers, members, servants, employees, representatives and volunteers (hereinafter referred to collectively as the “Releasees”), from and against all claims, demands, actions, suits, liabilities, injuries, demands, damages, costs and expenses, whether known or unknown, liquidated or unliquidated, fixed or contingent, direct or indirect (collectively “Claims”), arising out of or in connection with participation in the Camp or any activities associated therewith, notwithstanding that the same may have been contributed to or occasioned by any act or failure to act (including, without limitation, negligence) of the Releasees, singly or collectively.

THE UNDERSIGNED UNDERSTANDS THAT BY SIGNING THIS RELEASE, THE UNDERSIGNED GIVES UP SUBSTANTIAL RIGHTS ON BEHALF OF THE UNDERSIGNED AND THE MINOR AND HAS SIGNED THIS RELEASE FREELY AND VOLUNTARILY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE. THE UNDERSIGNED INTENDS THIS RELEASE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL CLAIMS AND LIABILITY ARISING OUT OF OR IN CONNECTION WITH THE CAMP, TO THE FULLEST EXTENT PERMITTED BY LAW.

The undersigned is aware and fully understands that participation in the Camp could, in some circumstances, result in death, sickness, injury, psychological stress, loss or damage person or property.

The undersigned acknowledges and agrees that the undersigned and the Minor are aware of and fully





assume the risks inherent in participating in the Camp and consent to any emergency treatment in the event of injury or illness, but this Release does not create an obligation to provide such care. By signing below, the undersigned represents that the undersigned and/or the Minor, as applicable, are in proper physical condition to participate in the Camp, and that the undersigned and the Minor are solely responsible for their own safety.

The undersigned further agrees to permit the Arthritis Society to collect and use personal information provided for the purpose of the Minor's participation in the Camp. The undersigned acknowledges and understands it will be kept confidential and may be shared with appropriate staff, medical staff, volunteers or outside medical facilities as it is deemed to be relevant and in the best interest for the care and support of the Minor while at the Camp. The Arthritis Society collects and maintains records for the purpose of distributing education, research, campaign and volunteer management information. If at any time you wish to be removed from any of these contacts, simply let us know by calling 1.800.321.1433.

The undersigned fully understands that this Release is part of an application process for the Camp, the Minor may or may not be accepted into the Camp, and by completing this Release and an application form, the Arthritis Society will be in contact with the undersigned regarding registration for the Camp.

**BY SIGNING BELOW, THE UNDERSIGNED HEREBY CERTIFIES THAT THE UNDERSIGNED IS THE PARENT AND/OR LEGAL GUARDIAN OF THE MINOR, HAS CAREFULLY READ THIS RELEASE AND AGREES, ON BEHALF OF THE UNDERSIGNED AND THE MINOR, TO BE BOUND TO ITS TERMS.**

PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_

Print Name: \_\_\_\_\_

Minor's Name: \_\_\_\_\_

Date: \_\_\_\_\_

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

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

