

Harmony Summer Camp - Waiver of Liability & Informed Consent

Participant Information

Child's Full Name: _____ Date of Birth: _____ Age: _____

Parent/Guardian Full Name: _____

Phone Number: _____

Emergency Contact: _____

Medical Conditions / Allergies / Special Needs:

Family Doctor Name & Phone: _____

Harmony Residency and OAH Waiver Acknowledgment

☐ I am a resident of Harmony

☐ I have previously signed a waiver with the Harmony Owners Association (OAH)

I understand that even if I have signed an OAH waiver, this document is required to release and protect Suzanna Dreifelds Coaching / Harmony Summer Camp from liability associated with any camp-run activities. The OAH waiver does not apply to programming delivered under Harmony Summer Camp or by Suzanna Dreifelds.

1. Informed Consent and Voluntary Participation

I understand that Harmony Summer Camp includes physical and outdoor activities such as biking, swimming, games, sports, golf, skatepark and pump park use, which carry a risk of injury. I acknowledge that I have had the opportunity to ask questions and voluntarily agree to my child's participation. I am aware of the nature of these activities and the risks involved.

2. Supervision and Behavior Expectations

I acknowledge that camp staff will provide appropriate supervision and safety instructions. I understand that despite best efforts, injuries or accidents may occur. My child is expected to follow all safety rules.

If a child runs away, hides, or otherwise leaves designated areas without permission, staff will:

- Initiate search and safety protocol

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- Contact parents/guardians immediately
- Notify emergency services if necessary

This behaviour may result in immediate removal from the program with no refund, at the discretion of staff.

3. Medical Authorization and Disclosure

I authorize Harmony Summer Camp staff to provide or arrange emergency medical treatment for my child as needed. I confirm that I have disclosed all relevant medical conditions, allergies, and behavioral or safety concerns. I will provide any required medications, including EpiPens, and understand that staff are not medically trained.

4. Drop-off and Pick-up Policy

I understand that Harmony Summer Camp's legal responsibility for my child begins when they are signed in for the day and ends when they are signed out. I agree to ensure timely pickup and release Suzanna Dreifelds Coaching from responsibility outside of official program hours.

5. Inclement Weather & Relocation Consent

In the event of poor weather, high heat, or environmental hazards, I consent to my child being relocated to a nearby safe location such as LaunchPad Clubhouse or the Makerspace Garage.

6. Media and Technology Use Consent

I grant permission for my child to be photographed or recorded for promotional use by Harmony Summer Camp.

☐ I do NOT give permission for my child to be photographed or recorded.

I also consent to limited, supervised use of technology (e.g., photos, videos, tablets) as part of group activities.

7. Waiver of Liability and Indemnity

I release and forever discharge Suzanna Dreifelds Coaching, its staff, volunteers, contractors, and affiliates from any claims or liability arising from my child's participation, including injury or property loss. I agree to indemnify and hold them harmless against any claims made by or on behalf of my child.

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8. Jurisdiction and Authority

This waiver shall be governed by the laws of Alberta. I confirm that I am legally authorized to provide consent on behalf of my child. If any part of this waiver is found unenforceable, the remaining sections remain in full effect.

Signature & Consent

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____