



Activity Registration

Activity Applying For & Date(s) _____

Camper's Birthdate _____ Age _____ M/F _____

Camper's Name (First) _____ (Last) _____

Home Address _____

Email Address _____

Custodial Parent/Guardian Name (First) _____ (Last) _____

Parent/Guardian Phone (H) _____ (W) _____ (Cell) _____

2nd Parent/Guardian Emergency Contact (H) _____ (Cell) _____

Emergency contact Relationship to Camper _____

Are there any physical, mental or psychological considerations that the camp should be made aware of

Please list any known allergies _____

Please list all medications (including over the counter non-prescription) taken routinely _____

Explain any restrictions to activity (eg: what cannot be done, what adaptations or limitations are necessary)

In the case of emergency, whereby I can not be immediately contacted. I hereby give permission for treatment to be secured for my child and/or to order and secure necessary related transportation, injections, anesthetics

or surgery for the child and that I agree to be fully and solely responsible for any additional medical expenses incurred by the child.

Child's Health Card # _____

I hereby acknowledge that I am the legal guardian of _____ (the child) and that I voluntarily allow said child to participate in the activities of Saunders Country Critters with staff or owners scheduled for the date (s) of _____

I am aware that there are inherent risks and hazards involved in any activities with and around animals, and I am voluntarily allowing the child to participate in these activities with full knowledge of potential dangers. I am aware that any animal regardless of training, handling, or environmental circumstances is capable of biting and/or scratching and I expressly acknowledge the risks therein. I am also aware that animals can cause mild to severe allergic reactions in some children and adults and hereby release Saunders Country Critters & Garden Center, and any of their staff from responsibility regarding such.

In order to allow the child to participate in Saunders Country Critters & Garden Center activities, I, being fully informed of such risks and hazards, agree to assume all risks of such occurrences. I expressly release the right to sue Saunders Country Critters & Garden Center, Gary or Carla Saunders or any of their staff for any cause notwithstanding.

By signing below, I/we agree as follows

1. **TO HEREBY RELEASE AND FOREVER DISCHARGE** Saunders Country Critters & Garden Center, Gary or Carla Saunders and any of their staff from any and all liability arising out of or connected in any way with this child's participation in the Program, howsoever caused, notwithstanding that the same may have been contributed to or occasioned by the negligent or careless acts of Saunders Country Critters & Garden Center, Gary or Carla Saunders or any of their staff.

IN WITNESS WHEREOF, I/WE have executed this agreement in _____, Ontario

on the ____ day of _____ 20____

Witness _____

Parent/Guardian _____

At no time will any child be accepted without our having received all completed registration paper work and payment in full, one week in advance of activity.