



EXPLORE* Program Application Form 2019

APPLICANT INFORMATION

Applicant Name:	Applicant Phone Number:
Applicant Address (Street, City, Postal Code):	
Applicant Email:	Applicant Date of Birth:

CAREGIVER INFORMATION

Caregiver Name:	Caregiver Phone Number:
Caregiver Address – if different from Applicant (Street, City, Postal Code):	
Caregiver Email:	

GENERAL INFORMATION

Accommodation Required: Yes/No Applicant understands that one-double occupancy dorm room will be shared with caregiver. Student and caregiver are required to bring sleeping bags, pillows, towels, and all overnight supplies, including medical supplies.
Why are you applying? Please provide a brief summary of why you would like to attend the EXPLORE* workshop.
Why do you feel you are ready to take the next steps in your skills training and/or securing employment? Please provide a brief summary of your volunteer experience, community involvement, and other related information.

CONSENT, LIABILITY AND WAIVER AGREEMENT

I, as the parent or legal guardian of _____ (Student's Name) (the "Student"), and in consideration of the services provided by Easter Seals BC/Yukon, a service of the British Columbia Lions Society for Children with Disabilities (hereafter referred to as the "Society") to the Student, agree as follows:

The term "Program" means the "COMPASS: EXPLORE Program" including all activities, services and events connected with or related to the COMPASS: EXPLORE Program provided at Camp Winfield located at 1790 Davidson Rd, Lake Country, BC.

I am aware and understand that the Program involves risks including but not limited to illness, injury, accident, emergency or property damage. I acknowledge that I am voluntarily allowing the Student to participate in the Program. I freely accept and fully assume any and all of the risks involved and the possibility of illness, injury, accident, emergency or property damage, whether caused by the negligence of the Society or otherwise.

I hereby **WAIVE, RELEASE AND DISCHARGE** THE SOCIETY AND ALL OTHER ENTITIES RELATED TO THE SOCIETY AND ITS AND THEIR RESPECTIVE AGENTS, DIRECTORS, OFFICERS AND EMPLOYEES (COLLECTIVELY, THE "RELEASEES") FROM ANY AND ALL ACTIONS, CAUSES OF ACTION, CLAIMS AND DEMANDS THAT I OR THE STUDENT HAVE OR MAY HAVE IN THE FUTURE, ARISING FROM OR ATTRIBUTABLE TO THE STUDENT'S ATTENDANCE AT OR PARTICIPATION IN THE PROGRAM, DUE TO ANY CAUSE WHATSOEVER, INCLUDING BUT NOT LIMITED TO NEGLIGENCE ON THE PART OF THE SOCIETY OR ANY OF THE OTHER RELEASEES, BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE. I covenant not to make or bring any such claim against the Society or any other Releasee, and forever release and discharge the Society and all other Releasees from liability under such claims.

I agree to **INDEMNIFY** and hold harmless the Society and all other Releasees from any and all losses, damages, liabilities, claims or demands resulting from or arising out of the Program or the Student's participation in the Program.

I have reviewed the expectations as outlined throughout this application and I understand that if the Student breaches any of the expected behaviours, he/she could be asked to leave immediately. If this occurs, I will be responsible for arranging for the Student's transportation from Camp Winfield and the associated costs. Further, I understand that the application form cannot be processed without the signed Consent, Liability and Waiver Agreement.

I agree that I am financially responsible in the case of illness, injury, accident, emergency or property damage resulting from the Student's participation in the Program and that I will indemnify the Society and the other Releasees against any claim which another participant or a third party may make against the Society or any of the other Releasees and for any expenses reasonably incurred in connection with the above.

I confirm that all information provided in this application form is true and correct to the best of my knowledge at the time of completing this form. I agree to inform the Society of any changes to the Student's health and wellbeing prior to attendance at the Program.

To meet the needs of students and to have the ability to provide adequate services to them, the Society collects personal information. All information gathered is stored in a confidential manner. The Society complies with the applicable provisions of the *Personal Information Protection Act* (British Columbia) and the *Personal Information Protection and Electronic Documents Act* (Canada).

- Please check this box if you would like to receive information (by email, phone or mail) from the Society regarding programs, services, events fund raising or volunteering opportunities. You may withdraw your consent at any time.
- I consent that photos of the Student, taken during the Program, may be used by the Society in promotional materials (print and electronic versions) and to thank donors for their support, without further consent from or royalty, payment or other compensation to me or the Student.

I understand that this is an application for the COMPASS: EXPLORE Program and does not guarantee acceptance. Notification of confirmation will be sent by e-mail at a later date once the application has been reviewed.

I HAVE READ AND UNDERSTAND THIS CONSENT, LIABILITY AND WAIVER AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT, I AM WAIVING CERTAIN RIGHTS WHICH I, THE STUDENT OR OUR HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST THE SOCIETY OR THE OTHER RELEASEES.

Parent/Guardian Signature

Date

First and Last Name:

Address:

City: _____ Postal Code: _____

Email:

Phone: _____