ONTARIO'S ULTIMATE SPORTS CAMP
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HEAD OFFICE
#112 - 145 Renfrew Drive
Markham, Ontario L3R 9R6
TEL: 905.479.9388
FAX: 905.479.9313

CAMP
2400 Limberlost Road
Huntsville, Ontario P1H 2J6
TEL: 705.635.2491
FAX: 705.635.1601

FAMILY CAMPER ACKNOWLEDGEMENT, RELEASE AND INDEMNITY

This Acknowledgement, Release and Indemnity is a registration requirement of **OLYMPIA ATHLETIC CAMPS LIMITED operating as Olympia Sports and Athletics Camps** ("**Olympia**") and must be completed by the adult placing a registration request and must be submitted to the office of **Olympia** before your booking request can be confirmed. All campers registered under this booking who are immediate family and under the age 18 years will be covered by this Acknowledgement Release and Indemnity. All campers over the age of 18 years who are immediate family of the adult registering the booking **MUST** also complete a separate copy of this Acknowledgement, Release and Indemnity. Every other camper in your party who is not immediate family **MUST** complete, or have a legal guardian complete, a separate copy of this Acknowledgement, Release and Indemnity.

IMPORTANT NOTICE: BY AGREEING TO THIS ACKNOWLEDGEMENT, RELEASE AND INDEMNITY, YOU ARE ACCEPTING RISKS AND AGREEING TO GIVE UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE. DO NOT SIGN THIS FORM UNTIL YOU HAVE READ IT, COMPLETELY UNDERSTAND IT, AND AGREE TO ALL OF ITS TERMS.

Singular and plural: In this Acknowledgement, Release and Indemnity, the singular ("I", "my", "his", "her", etc.) will also include the plural ("we", "our", "their", etc.).

I, _____ on my own behalf and as parent or guardian of the undersigned:

(name of registering adult)

(Name, age, relationship and signature of members of your immediate family in your party who are under the age of 18 years)

	Name:	Age:	Relationship to you	Signature of parent/guardian
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5,	_____	_____	_____	_____

What is Involved

I understand that:

- I and the child/children listed above have been offered an opportunity to participate in a residential camp program (the "**Program**"), operated by **Olympia** (also referred to herein as the "Camp").
- My participation in the Program and that of the child/children listed on page 1 hereof involves our use of the facilities and equipment at the Camp, and our participation in the activities offered by the Program.
- The Program is offered at the Camp property, located at 2400 Limberlost, Huntsville, Ontario, P1H 2J6.
- As a general rule, any transportation or activities that take place off Camp property are not organized or sponsored by the Camp and are not part of the Program.
- The activities at the Camp include sporting activities and outdoor living skills, including low-energy activities, high-energy activities, climbing activities involving heights, and water/waterfront activities such as swimming, boating and waterskiing/tubing in a lake. The activities at the Camp are not necessarily limited to this.

The Risks

I understand that my participation in the Program the participation of the child/children listed on page 1 hereof involves a number of risks. This Acknowledgement, Release and Indemnity cannot list all of the risks involved, but they may include:

- Any type of minor or serious bodily injury, illness or death,
- An impairment of any, or all, regular activities of daily living, and
- Damage to property or loss of property.

I agree, on my own behalf and on behalf of the child/children listed on page 1 hereof, to participate in the Program acknowledging, understanding and appreciating the risks involved. I also accept, on my own behalf and on behalf of the child/children listed on page 1 hereof, the risks that are listed above and all other risks that are and/or may be associated with and/or may arise from or may be related to the Program, in order to be permitted to participate in the Program at the Camp.

initial here _____

What I am Giving Up (What is being Released?)

In exchange for the Camp allowing me and the child/children listed on page 1 hereof to participate in the Program, I agree on my own behalf and as parent or guardian on behalf of the child/children listed on page 1 hereof, that:

• Neither I nor the child/children listed on page 1 hereof will make a claim against or sue Olympia, or participate in a lawsuit against Olympia, except if it arises from the Olympia's gross negligence or intentional conduct.
• If Olympia is sued by anyone because of injury and/or damages that are in any way caused by my participation in the Program and/ or by the participation in the Program of the child/children listed on page 1 hereof, I will reimburse the Olympia for Olympia's legal costs, fees, and all payments required to be made by the Olympia.
• I also understand that in giving up these rights against Olympia on my own behalf and on behalf of the child/children listed on page 1 hereof, I and the child/children listed on page 1 hereof are also giving up the right to make a claim against and/or the right to sue Olympia's employees, officers, directors, shareholders, representatives, agents, volunteers, successors and assigns.
• I also understand that I and the child/children listed on page 1 hereof are also giving up the right to make a claim against and/or the right to sue Olympia with respect to any transportation or activities that take place off Camp property.

Expulsion From the Camp

If I or the child/children listed on page 1 hereof violate any rules of the Camp and/or do anything that could put us or others at physical or emotional risk, I agree that this may result in immediate dismissal from the Camp. I also agree that Camp management has sole discretion in making this decision.

Health

To my knowledge, neither I nor the child/children listed on page 1 hereof have a contagious illness and I and the child/children listed on page 1 hereof are physically able to participate in all of the Program's activities. If there is any change in my health or in the heath of the child/children listed on page 1 hereof before the Program begins or during the Program, I will notify Olympia immediately and Olympia may in its sole discretion determine whether my reservation will be continued to be honoured. I hereby warrant and represent that I and the child/children listed on page 1 hereof that are at least 12 years of age have each already received or will have received, at least 14 days prior to the commencement date of the reservation for my stay at the Camp, at least one dose of a coronavirus COVID-19 vaccine that has been approved by Health Canada, and that such vaccination is a pre-condition to an individual being permitted to enter and/or stay at the Camp and to participate in the Program**.**

initial here _____

CORONAVIRUS COVID-19 AND ITS STRAINS AND DERIVATIVES ("COVID 19")

OLYMPIA will only be able to open for the 2021 camping season or part thereof, if and when the Ontario Government and the local Public Health authorities give approval.

Notwithstanding that Provincial and Public Health authorities may permit or may have permitted the opening of Olympia for the 2021 summer camping season or parts thereof and notwithstanding that Olympia has or will be putting in place preventative measures such as the Public Health recommended social distancing, mask wearing, hand washing, the use of cohorts and other protocols in an effort to prevent the spread of COVID-19 and its strains and derivatives while you and your family are at Olympia during your stay, Olympia as with any public or private facility cannot guarantee that you or your family and children will be safe from the coronavirus COVID-19 and its strains and derivatives while using Olympia's facilities or participating in its Program activities. As such, you acknowledge and agree that you will be required to complete on your own behalf and on behalf of the child/children listed on page 1 hereof, Olympia's Coronavirus COVID -19 Acknowledgement, Waiver and Indemnification form as a pre-condition to being permitted to attend at the Camp. **PLEASE INITIAL HERE** _____

Jurisdiction and Law

This Acknowledgement, Release and Indemnity will be governed by and construed in accordance with the laws in force in the Province of Ontario. Any proceedings taken in respect of or under this Acknowledgement, Release and Indemnity will be in the Ontario Superior Court of Justice, in Toronto, Ontario.

Severability

If anything in this Acknowledgement, Release and Indemnity is found by a Court to be unenforceable, then it will be modified to reflect the parties' intention. Everything else in this Acknowledgement, Release and Indemnity document will remain in full force and effect.

BY SIGNING BELOW, I CONFIRM THAT I HAVE HAD SUFFICIENT OPPORTUNITY TO READ AND UNDERSTAND EACH ITEM AND ALL PARTS IN THIS ACKNOWLEDGEMENT, RELEASE AND INDEMNITY, AND HAVE AGREED FREELY AND VOLUNTARILY TO BE BOUND BY ITS TERMS AS CONDITIONS OF BEING PERMITTED TO ATTEND AT THE CAMP BY OLYMPIA.

DATE: _____ NAME:_____

ADDRESS:_____

SIGNATURE: _____ _____

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OLYMPIA ATHLETIC CAMPS LIMITED
(operating as Olympia Sports and Athletics Camps)
("OLYMPIA")

FAMILY CAMP COVID-19 ACKNOWLEDGEMENT, WAIVER AND INDEMNIFICATION

PLEASE READ CAREFULLY

The World Health Organization has declared the coronavirus COVID-19 and it strains and derivatives ("COVID-19") to be a worldwide pandemic. COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. Provincial and Federal and Public Health authorities recommend social distancing, masks, washing hands, the use of cohorts and other protocols and vaccination to prevent the spread of COVID-19. Contracting COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Use of Olympia's facilities or participation in Olympia's Programs could increase the risk of you or your children or family contracting COVID-19. Notwithstanding that Provincial and Public Health authorities may have permitted the opening of Olympia for the 2021 summer camping season or parts thereof and notwithstanding that Olympia has or will be putting in place preventative measures in an effort to prevent or reduce the spread of COVID-19 at Olympia during your stay, as with any public or private facility, Olympia cannot guarantee that you or your child will be safe from airborne illnesses such as COVID-19, or colds and flu while using Olympia's facilities or participating in its Program activities.

COVID-19 Acknowledgement, Waiver and Indemnification:

I, _____ *(Print full name)*, on behalf of myself and as parent or guardian of my child / children listed below (collectively, the "Participants"), registered to participate in a residential camp program (the "**Program**"), operated by **Olympia**. (the "**Camp**") permitting the Participants to participate in the Program activities conducted at / on Olympia's facilities (the "Camp at the Camp property, located at 2400 Limberlost, Dwight, Ontario, P0A 1H0. Including but not limited to sporting activities and outdoor living skills, including low-energy activities, high-energy activities, climbing activities involving heights, and water/waterfront activities such as swimming, boating, waterskiing/tubing in a lake:

(a) confirm that at the time of signing this COVID-19 Acknowledgement, Waiver and Indemnification, that the Participants are not experiencing, and have not experienced in the past fourteen (14) days, any COVID-19 symptoms;

(b) acknowledge, understand and agree:
  (i) to comply, and ensure all Participants comply, with all safety protocols put in place by Olympia;
  (ii) to immediately advise Olympia staff if any of the Participants, or anyone they have come into close contact with, experience any symptoms of COVID-19;
  (iii) that the Participants will no longer be permitted to participate in the Program should the Participants, or anyone coming into close contact with the Participants, experience any symptoms of COVID-19, unless and until these are assessed and determined not to be COVID-19; and
  (iv) that Olympia may use the Participants' contact information for the purpose of contact tracing by public health authorities should others in the Program test positive for COVID-19.

(c) acknowledge and understand that COVID-19 is an existing virus present in the general population and that participation in the Program activities may put the Participants, and anyone in close contact with them, at elevated risk of being exposed to COVID-19, which can lead to severe illness, personal injury, permanent disability, and death (the "Harms");

(d) freely and willingly accept and assume the risk of and responsibility for any and all Harms whatsoever arising in connection with participation in the Program;

initial here _____

(e) along with the heirs, next of kin, executors, administrators and assigns of the Participants, or any other person who may claim on behalf of the Participants, agree to waive all claims that the Participants have or may have in the future against Olympia and its directors, officers, shareholders, employees, subcontractors, volunteers and/or agents (collectively the "Releasees") and release and forever discharge the Releasees from all liability for any Harms, or other loss and liabilities of whatsoever nature or kind arising out of or in any way connected with participation in the Program;

(f) agree to indemnify the Releasees for any and all actions, suits, claims and demands which may be brought against or made upon the Releasees and all loss, costs, damages, charges and expenses whatsoever which may be incurred, sustained or paid by the Releasees as a result of participation in the Program; and

(g) agree not to make any claims or take any proceedings against any person or corporation who or which might claim contribution and indemnity or relief from the Releasees.

BY SIGNING BELOW, I CONFIRM THAT I HAVE HAD SUFFICIENT TIME TO READ AND UNDERSTAND EACH ITEM AND ALL PARTS IN THIS ACKNOWLEDGEMENT, WAIVER AND INDEMNIFICATION, AND HAVE AGREED TO BE BOUND BY ITS TERMS FREELY AND VOLUNTARILY.

PARTICIPANT	**WITNESS**
_____ **SIGNATURE** **NAME:**_____ **DATE:**_____ ***THE PARENT OR LEGAL GUARDIAN OF ANY MINOR CHILD (UNDER THE AGE OF 18) LISTED BELOW IS REQUIRED TO SIGN ON THEIR BEHALF.*** **NAME AND AGE OF CHILD/CHILDREN (IF APPLICABLE) - PLEASE PRINT:** **1.**_____ **2.**_____ **3.**_____ **4.**_____	_____ **SIGNATURE** **NAME:**_____ **DATE:**_____

After completing and signing this form, please return it by email to: bookings@olympiasportscamp.com