

Participants First Name

Participants Last Name

Date of Birth (DD/MM/YYYY)

Age

Grade

T-Shirt Size

Youth

Adult

SM

M

L

XL

Full Name of Parent/Guardian

Parent/Guardian Email Address

Best Phone Number to Reach Parent

Street Address

City, Province & Postal Code

Emergency Contact Name (Must not be same person as parent/guardian - for contact in the event of an emergency where the parent/guardian cannot be reached)

Relationship to Participant

Emergency Contact Phone

Emergency Contact Name (See note above)

Relationship to Participant

Emergency Contact Phone

**Pick-Up Information**

Named of Adult Authorized to pick up Participant

Relationship to Participant

Named of Adult Authorized to pick up Participant

Relationship to Participant

Named of Adult Authorized to pick up Participant

Relationship to Participant

How Did You Hear About CEED / This Program?

I have read the WAIVER, RELEASE OF LIABILITY & PARENTAL CONSENT form (attached) and acknowledge that I fully understand and agree with its contents (please initial) \_\_\_\_\_

Health Card Number

Health Card Expiry  
(DD/MM/YY)

Family Doctor

Medical Concerns & Allergies (Specify)

Please clearly indicate any known medical concerns (*i.e. known conditions, dietary requirements, allergies and/or physical concerns, risks involved, as well as any medications complete with dosage or required emergency treatment*).

**Payment Information**

**Cost of Camp : \$150**

**Available Camps:**

By Cheque (Please Mail / Deliver to CEED one week prior to camp)  
By Visa or MasterCard (Please complete Page 3)

Halifax	July 17 - 21
Dartmouth	August 21 - 25
Sydney	July 31 - Aug 4
Kentville	July 10 - 14
Truro	August 14 - 18

Registration for the Camp will be finalized when payments are received and processed.  
If you have any questions of concerns, please contact us:

Print Name of Parent/Guardian

Signature of Parent/Guardian

Date

**Credit Card Details**

\_\_\_\_\_  
Cardholders First Name

\_\_\_\_\_  
Card Holders Last Name

\_\_\_\_\_  
Cardholders Billing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Province

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_  
Expiry Date (MM/YY)

\_\_\_\_\_  
Cardholders Signature

## PARTICIPANT WAIVER

**PLEASE READ CAREFULLY BEFORE SIGNING. THIS IS A RELEASE OF LIABILITY AND WAIVER OF CERTAIN LEGAL RIGHTS.**

I, the undersigned request the voluntary participation of my child in CEED Centre for Entrepreneurship Education & Development Incorporated's Entrepreneurship Camp, which is hereinafter referred to as "the Camp". I understand that my execution of this Agreement is a prerequisite for my child's participation in the Camp. I further understand that there are certain inherent risks to my child participating in the Camp.

### ASSUMPTION OF RISK

I understand that in order for my child to be allowed to participate in the Camp, I agree to assume all risks and to release and hold harmless the CEED Centre for Entrepreneurship Education & Development Incorporated, and its officers, agents, employees, assigns, successors in interest, contractors, vendors (and their agents), agencies, sponsors, officials and volunteers, including participating communities where the Camp takes place (collectively, the "Released Parties").

### WAIVER OF LIABILITY

I intend by this Agreement to release, in advance and waive my rights and discharge all of the persons and entities mentioned above, for any and all claims for damages for death, personal injury or property damage which I may have, or which may hereinafter accrue to me as a result of my child's participation in the Camp, even though this liability may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective property or equipment owned, maintained or controlled by them or their possible liability without fault. I understand and agree that this Agreement is binding on my heirs, assigns, next of kin and legal representatives.

### COVENANTS

1. I understand that I am solely responsible for my child's health and safety, and I acknowledge that my child is physically capable of participating in and completing the Camp. I agree that if, at any time, I believe conditions to be unsafe I will immediately discontinue my child's further participation in the Camp. Furthermore, I consent to emergency first aid treatment for my child in the event such care is required.
2. I understand that if I have any risk concerns, I should discuss the risks associated with my child's participation with the Camp coordinators and staff, before I sign this document and before any activities begin.
3. I agree to allow CEED Centre for Entrepreneurship Education & Development Incorporated and their contractors, agencies and sponsors to use my child's name and likeness in connection with, or for any purpose related to, advertising or promotion of the Camp or CEED Centre for Entrepreneurship Education & Development Incorporated, in perpetuity in all forms of media now and forever known.

### INDEMNITY AGREEMENT

Should any portion of this agreement be judicially determined invalid, voidable or unenforceable, for any reason, such portion of this Agreement shall be severable from the remaining portions herein and the invalidity, voidability or unenforceability thereof shall not affect the validity, effect, enforceability or interpretation of the remaining provisions of this Agreement.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS AND CONSENT TO ITS TERMS. I AUTHORIZE MY CHILD'S PARTICIPATION BY MY SIGNATURE BELOW. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY (WAIVER), AN ASSUMPTION OF RISK AND A CONTRACT BETWEEN ME AND THE PERSONS/ENTITIES MENTIONED ABOVE AND I SIGN OF MY OWN FREE WILL.

### MINOR RELEASE

PRINTED NAME OF PARTICIPANT \_\_\_\_\_

PRINTED NAME OF PARENT/GUARDIAN \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_