



### Chinese Canadian Youth Leadership Training Camp 2009 CAMPER WAIVER FORM

**Personal Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Health Card number or Health Insurance number: \_\_\_\_\_

**Emergency Contact Information:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**List any Physical/Psychological/Prior Injuries/Current Injuries that we should be aware of:**

\_\_\_\_\_

**Are you currently on any regularly scheduled medications?**  YES  NO

If Yes, please specify: \_\_\_\_\_

**Do you have known allergies?**  YES  NO

If Yes, please specify: \_\_\_\_\_

**Do you have any food and/or dietary needs that we should be aware of?**  YES  NO

If Yes, please specify: \_\_\_\_\_



### LIABILITY WAIVER

I, \_\_\_\_\_ agree to follow all safety advice and precautions set forth by Across U-hub and their agents during my participation in activities and events at "2 C Your Power" 10<sup>th</sup> Chinese Canadian Youth Leadership Training Camp from August 20 – 23, 2009. I further agree not to hold Across U-hub, their Board members, staffs and volunteers liable for damages, losses and injuries during Leadership Training Camp.

I acknowledge that my image may be recorded (by video or photograph). I agree to the use of my name and image in broadcasts, newspapers, brochures, promotional materials and other media without compensation.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**If you are under 18, please also have your parent / guardian to complete the following:**

I consent to the participation of the above named and likewise release Across U-hub from any liability for such participation.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ (Please PRINT)

**PLEASE RETURN THIS FORM TO ACROSS U-HUB NO LATER THAN AUGUST 04, 2009**