

BOOMERANG DAY CAMP 2025
EARL HAIG FAMILY FUN PARK INFORMED CONSENT /ASSUMPTION OF RISKS / RELEASE OF LIABILITY

Camper First Name:		Camper Last Name:	
Date of Birth (M/D/Y):		Current Age:	

PLEASE READ CAREFULLY:

I am aware of the offsite event to EARL HAIG FAMILY FUN PARK, BRANTFORD, as part of Harmony Baptist Church's Boomerang Day Camp. I agree to allow my child to participate in all activities as part of this event during the week of Extreme Camp. These activities include the splash pad, leisure pool, waterslide, lazy river, mini-putt, and refreshments at the gazebo. I understand that my child is expected to follow all instructions given by the Earl Haig Family Fun Park on-duty lifeguards, other Earl Haig employees, and Boomerang Day Camp staff and volunteers. They are expected to respect each other, and the property of Earl Haig Family Fun Park.

I recognize that by participating in this activity, as with any water activities, my child may risk personal injury, permanent loss or death. I hereby attest and verify that I have been advised of the potential risks, that I have full knowledge of the risks involved with the activity, and that I understand and accept these risks, and assume any expenses that may be incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses.

I understand that Harmony Baptist Church cannot be held responsible for any injuries or expenses, costs and/or claims in connection with any injuries sustained. I, the undersigned, undertake and agree to indemnify and hold blameless Harmony Baptist Church, its Directors, Board, Corporation members, staff, agents, volunteers, members and representatives from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of the organization.

In the event that my child requires medical attention, until such time as I may be contacted, I hereby authorize Harmony Baptist Church staff and/or volunteers to seek medical treatment and medical personnel in charge of my child to administer such medical or surgical treatment or carry out such procedures as may be deemed necessary or advisable in the diagnosis or treatment of my child. I also assume the responsibility for the payment of any such treatment.

I have read, understand, and agree with the above. I understand that my child's participation in this activity is conditional upon my signing this form.

PRINT PARENT/GUARDIAN: _____

SIGNATURE PARENT/GUARDIAN: _____

PRINT WITNESS: _____

SIGNATURE WITNESS: _____

DATE SIGNED: _____

Waterpark Consent