



# Youth & Family Wellness Camp Equine Intake



Easily complete your intake below by scanning the QR code and following the prompts!



- I have completed this registration digitally
- I prefer to fill out this registration form by hand

To ensure we deliver quality services, we collect limited client information—such as services used, date of birth, and, when applicable, proof of First Nations status—to understand community needs and the types of services being accessed. All information is stored securely, accessed only by authorized staff, and may be shared in a confidential, aggregated manner when required for reporting obligations.

## Participant Information

Participant's Full Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Pronouns: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

How do you identify – Please Check:

First Nations Status Community: \_\_\_\_\_ Status Card Number: \_\_\_\_\_

Metis  Inuit  Non-Status  Not Applicable

## Medical Information

Special Medical Concerns (*allergies, medications, injury, conditions, or medical issues we should know about*):

\_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

## Parent/Guardian Information

Parent/Guardian Full Name: \_\_\_\_\_

Parent/Guardian Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Full Name: \_\_\_\_\_

Emergency Contact Phone Number \_\_\_\_\_ Email: \_\_\_\_\_

**Camp Address:** 371 Strecker Road, Kenora, ON P9N 0A9

**Mailing Address:** P.O. Box 349, Kenora, ON P9N 3X4

**Email:** [wellness.camp@kenorachiefs.org](mailto:wellness.camp@kenorachiefs.org)

**Phone:** 1-833-262-9211

Subsidiary of Ogimaawabiitong– Kenora Chiefs Advisory, [www.kenorachiefs.org/youth-and-family-wellness-camp](http://www.kenorachiefs.org/youth-and-family-wellness-camp)

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## Media Consent

I give permission for Ogimaawabittong – Kenora Chiefs Advisory, Makate Waagamichiwanang Gakinaa'amaatiwin – Youth & Family Wellness Camp, and the Ma'mo'weh Wii'soo'ka'tiwin Foundation to use photos, videos, and collected data of myself/my child for camp-related materials (print, digital, advertising, external partner promotion). I understand these materials become the property of the organizations and I may request to review them.

- Yes, I grant permission to use my child's photo or video recorded images.
- No, please don't use my child's photo or video recordings

## Camp Conduct Expectations

The Youth and Family Wellness Camp has zero tolerance for violence, drugs, or alcohol. Anyone found participating in these activities will be sent home at their own or their family's expense. Smoking is only permitted for individuals of legal age and only in designated areas.

- Yes, I understand and agree to the camp's conduct expectations.

By signing below, you acknowledge that you have read, understand, and agree to all items selected on this form:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## Equine Waiver

### Acknowledgement of Risk and Relief of Liability (U18)

#### The Parent/Guardian Must Read & Understand this Waiver Prior to Child Participating in Equine Activities

The following waiver of all claims, release from all liability, assumption of all risks, agreement not to sue and other terms of this agreement are entered into by me (the Participant) with and for the benefit of *Kenora Chiefs Advisory*, its directors, officers, employees, volunteers, business operators, agents and site property owners or lessees (collectively the "Host"). Without limiting the generality of the foregoing, "Equine Activities" includes but is not limited to trail rides, pack trips and riding instructions provided by the "Host" to the Participant.

1. I am the Parent/Guardian of the Child Participant and am executing this waiver on behalf of the Child Participant in my capacity as Parent/Guardian and with the intent that this waiver be binding on myself and the Infant Participant for all legal purposes.
  - a. The propensity of any equine to behave in ways that may result in injury, harm, or death to a person on or around them and to potentially collide with, bite or kick other animals, people or objects;
  - b. The unpredictability of an equine's reaction to such things as sounds, sudden movement, tremors, vibrations, unfamiliar objects, persons or other animals and hazards such as subsurface objects;
  - c. The potential for other participants to behave in a negligent manner that may contribute to injury to themselves or others, including failing to act within their abilities to maintain control over an equine.
2. I freely accept and fully assume all responsibility for all "Risks" and possibilities of personal injury, death, property damage or loss resulting from my participation in "Equine Activities".
3. I agree that the "Host" has taken steps to reduce the "Risks" and increase the safety of the "Equine Activities", it is not possible for the "Host" to make the "Equine Activities" completely safe. I accept these "Risks" and agree to the terms of this waiver even if the "Host" is found to be negligent or in breach of any duty of care or any obligation to me in my participation in "Equine Activities".
4. In addition to consideration of given to the "Host" for my participation in "Equine Activities", I and my heirs, next of kin, executors, administrators and assigns (collectively my "Legal Representatives") agree:
  - a. To waive all claims that I have or may have in the future against the "host";
  - b. To release and forever discharge the "Host" from all liability for any personal injury, death, property damage, or loss resulting from my participation in the equine activity due to any cause, including but not limited to negligence (failure to use such care as a reasonably prudent and careful person would use under similar circumstances), breach of any duty imposed by law, breach of contractor mistake or error in judgement of the "Host"; and
  - c. To be liable for and to hold harmless and indemnify the "Host" from all actions, proceedings, claims, damages, costs demand, including court costs and costs on solicitor and own client basis, and liabilities of whatsoever nature or kind arising out of or in any way connected with my participation in "Equine Activities".
5. I agree that this waiver and all terms contained herein are governed exclusively and in all respects by the laws of the Province or Territory of Canada in which the "Equine Activities" are provided by the "Host".
6. I confirm that I have had sufficient time to read and understand this waiver in its entirety. I understand that this agreement represents the entire agreement between myself and the "Host", and it is binding on myself and my "Legal Representatives".
7. I confirm that I have reached the age of majority in the province in which I am participating in "Equine Activities".

By signing, you acknowledge that you have read, understood, and agreed to all aspects outlined in this Equine waiver.

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

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