



huu ay aht

ANCIENT SPIRIT, MODERN MIND

Spring Break Adventure Camp

Permission Form, Release of Liability, Waiver of Claims, Assumption of Risks, and Image Consent

Dear Parents and Guardians,

Note: By signing this document, you waive certain legal rights - please read carefully!

Your child is invited to participate in a free Spring Break Camp cohosted by the Bamfield Community School Association (BCSA) and the Huu-ay-aht First Nations (HFN) Culture Team from **March 13th to 17th, 10am-3pm**. Bus transportation, snacks and lunch are provided free of charge, but registration is required – please contact us via email at bcsacoordinator@gmail.com or via Facebook to confirm your child's attendance, and kindly ensure that they bring this form to the first day of camp.

Our planned locations and activities are as follows:

Monday at the **House of Huu-ay-aht** for culture, art, music, storytelling, and dancing.

Tuesday at **Soaring Eagle & Pachena Beach** for a scavenger hunt, games, campfire lunch, and sandcastle contest.

Wednesday at the **Bamfield Community School** for stories, games, ceramics, and forest adventure.

Thursday at the **House of Huu-ay-aht** for games, arts, and storytelling.

Friday at the **Bamfield Community School** and the **Bamfield Marine Sciences Center (BMSC)** for labs on local marine invertebrate diversity and an exploration of plankton.

Assumption of Risks

I freely accept all risks, dangers, and hazards resulting from my child's participation in the BCSA/HFN Spring Break Camp. Activities may include but are not limited to: travelling by bus, walking between locations, eating group meals, playing games and sports with other children, dancing, playing on the Community School playground, visiting the beach, exploring the forest, and visiting a marine research station and scientific lab with live animals.

By signing below, you **WAIVE ANY AND ALL CLAIMS** against the Bamfield Community School Association and HUU-AY-AHT First Nations, as well as affiliated employees, volunteers, representatives, or partner organizations (hereafter collectively referred to as “the Releasees”) and **RELEASE THE RELEASEES** from any and all liability for any loss, damage, **negligence**, injury, or expense that your child may experience.

Child’s Name: _____ Age: _____

Date of Birth: _____ Personal Health #: _____

Address for Bus Pickup: _____

Medications: _____

Allergies/Dietary Restrictions: _____

Other Health Concerns: _____

Child’s Physician: _____ Phone #: _____

I give my permission for my child to receive emergency medical treatment if deemed necessary.

(Signature): _____

Parent/Guardian Name: _____

Parent/Guardian Contact Number: _____

Parent/Guardian Email/Facebook Messenger: _____

Emergency Contact (1): _____ Number: _____

Emergency Contact (2): _____ Number: _____

Is there anything else we should be aware of regarding your child?: _____

Please initial here if you **do not** consent for your child’s photo to be taken or used in Bamfield Community School Association and HUU-AY-AHT First Nations media outlets: _____

Date: _____

Parent/Guardian Signature:
