

**VANCOUVER CHINESE ALLIANCE CHURCH (VCAC)
2024 SUMMER CAMP**

RELEASE AND WAIVER OF LIABILITY (This is a legal document)

I hereby release and hold harmless VCAC Summer Camp 2024, its directors, employees, agents, successors and assigns from any and all claims, causes of action, suits or liability, costs and expenses (including, without limitation, reasonable attorneys' fees) arising out of, or in connection with, any loss, personal injury, or other potential damage that I may incur or suffer by reason or as a result of my enrollment or participation in VCAC Summer Camp 2024 to be held at Trinity Western University from July 12-14, 2024.

I give authorization to the leadership of the Camp committee to call a doctor, or have a hospital administer medical treatment for myself, at any time they believe an emergency exists. I will not hold them or the church (VCAC) represented liable.

I shall obey all camp rules and instructions given by VCAC and its staffs.

I shall waive my legal right to take actions against VCAC and its representatives.

I hereby guarantee that all the information that I provided on my registration form is correct.

Name of Applicant *	Signature of Applicant (19 and over)	Date
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

*Parents or guardians, please fill out and sign below for applicants **under age 19**. Thank you!

PARENT / GUARDIAN APPROVAL

I _____ hereby consent to let my child (children) to participate in all activities in Summer Camp 2024 at TWU from July 12-14, 2024 and also consent to release your responsibility towards any claim arisen from the accident as a result of those activities and to the medical consent as stated above.

I shall waive my legal right to take actions against VCAC and its representatives.

Parents/Guardian Full Name (Print)	Parents / Guardian Signature	Date
_____	_____	_____

Child 1 Full Name: _____ Relationship with applicant: _____

Child 2 Full Name: _____ Relationship with applicant: _____

Child 3 Full Name: _____ Relationship with applicant: _____