

# CAMPAURORA

August 24 to 27, 2010  
Camp Brereton  
Whiteshell, Manitoba

Dear Camp Aurora Participant and Parent/Guardian:

We are pleased to invite you to Camp Aurora summer camp for LGBTT and allied youth. Youth are welcome and invited to join us for four days of learning, fun, and making new friends. Camp Aurora is an adult-facilitated and peer-led leadership camp for youth ages 14 to 21 that will be located in the Whiteshell Area at Camp Brereton.

We have room for up to 43 LGBTT or allied youth. They can identify as lesbian, gay, bisexual, trans, two-spirit, queer, allied, or with any other label youth use to self identify.

Camp Aurora is a four day sleep-away camp that focuses on building and nurturing the leadership potential and resiliency of LGBTT and allied youth in an effort to help them learn how to make significant contributions to their school, community, and home environments. Trained educators and peer youth workers will facilitate workshops and events at the camp. We will be offering a wide range of powerful youth-focused workshops and creative skill-building and self-esteem enhancing activities.

The camp will feature day and evening workshops, with designated time set aside for personal reflection, community building, and social activities. The schedule will be packed with outdoor activities, creative arts, empowering self-reflection exercises, personal growth opportunities, healthy socialization, and in-depth learning activities about specific youth topics and social issues.

Potential workshop topics include:

- Dealing with diversity
- Body image
- Low ropes course
- Nature hikes
- Art
- Healthy relationships
- Health and wellness
- Swimming
- Dance

In addition to these powerful workshops, adult mentors with professional backgrounds in teaching, counselling, and spirituality will be available to work with youth on a one-to-one basis as the need arises.

Camp Aurora is bound to be a powerful and unique experience, as we focus on developing leadership qualities through activities that challenge youth to explore identity, build resilience, and enhance self-esteem.

Camp Aurora would like each participant to be able to return home with a support network of positive friendships and an empowered sense of self. The camp is developed to help motivate participants to become leaders in their own communities, thereby passing on their leadership skills to the youth that come after them.

Camp Aurora requests a minimum **\$25.00 registration fee**, which reflects a greatly subsidized rate designed to enable all interested youth to attend.

**Actual camp costs are in excess of \$250.00 per youth.** As a result, we encourage those youth and families who can afford any additional contribution to consider donating to assist the camp. However, no youth will be turned away because of financial need.

Camp Aurora is organized by a volunteer steering committee of community leaders. You can be assured that your registration fee will be used on actual camp costs. To help keep camp costs reasonable, all adult facilitators volunteer their time and talents in support of Camp Aurora.

Please make all registration fees payable to the Rainbow Resource Center and clearly indicate on the cheque that the money is for Camp Aurora. Camp Aurora would like any interested youth to be able to attend, regardless of income. If the \$25.00 registration fee is a barrier, please contact us to make alternative arrangements.

Please review the attached information carefully. **The camp registration deadline for Peer Youth Leaders is June 15<sup>th</sup> 2010; the camp registration deadline for Campers is July 15<sup>th</sup> 2010. Space is limited to 43 participants.** We encourage all youth to apply early and fill out their application package carefully. If you have any questions or concerns, please feel free to contact us at any time at [campaurora@rainbowresourcecentre.org](mailto:campaurora@rainbowresourcecentre.org).

Regards,

Camp Aurora Steering Committee  
Jennifer Davis, Shelly Smith, Jason Granger, Gary Monkman, Jonny Sopotiuik, Tyson Conrod, Crystal McElrea and Chad Smith

**Please send your completed Camp Aurora registration forms and cheque to:**

**Camp Aurora  
c/o Rainbow Resource Centre  
170 Scott Street  
Winnipeg, Manitoba  
R3L 0L3**

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**Please read the contents of this package carefully.** We want you to feel prepared for your participation in Camp Aurora, and much of that will come from knowing what to expect and what the camp is about. Plus, reading the information may bring up important questions that you may want us to answer before the camp.

## **Mark Your Calendar**

Camp Aurora wants you to be able to fully participate in the camp, so please be sure to clear your calendar from **Tuesday, August 24<sup>th</sup> to Friday, August 27<sup>th</sup>.**

**The camp registration deadline is June 15<sup>th</sup> for Peer Youth Leaders and July 15<sup>th</sup> for Campers.** Please note that the camp may be full before the actual registration deadline closes, so register early!

## **A Few Rules**

To ensure Camp Aurora is a safe, inclusive, and respectful environment for all youth participants and adults, we do need to set a few basic ground rules. The three most important rules are:

1. We operate on the premise of providing a safe environment that is alcohol, drug, and sex-free,
2. We will not tolerate any inappropriate or disrespectful behaviour, and
3. We all must respect the space and rules of Camp Brereton.

**Anyone who violates these key ground rules will be sent home from the camp.**

In order to respect Camp Brereton, participants must adhere to the following regulations:

1. No peanuts permitted on the premises,
2. Smoking only permitted in designated smoking areas,
3. Cell phones are permitted, but may only be used during free times,
4. Clean up after yourself,
5. Must stay out of any unauthorized areas and within Camp Brereton boundaries during the duration of the camp,
6. Respect the Camp Brereton equipment and property, and

7. Treat all youth and adult participants with respect.
8. No cars & no parking! There is not space for parking at camp. All campers are expected to arrive through transportation arranged through the Camp Steering Committee.

Participants are asked to reflect upon the purpose of Camp Aurora before they consider registering. This reflection includes an awareness of the following considerations:

1. Participants are required to be present and participate fully in all camp workshops and events,
2. Participants will be responsible for their own health and wellness, which includes adequate sleep and nourishment,
3. Participants will NOT be permitted to leave the camp for outside social or recreational purposes,
4. Participants agree to an 11:00 pm curfew. If you are a night owl, please indicate this on your registration form. Accommodations for a quiet space may be made for those who have difficulty sleeping within the curfew hours,
5. All camp participants agree to treat themselves and others with dignity and respect, and
6. Participants taking required prescription medication must inform the camp directors to help ensure everyone's safety and wellbeing.

Thank you for respecting these agreements so we can come together in this camp community to learn from one another and an effort to build our leadership potential and personal resiliency. **Please see the attached Camp Aurora Participation Agreement and Participant Waiver and submit signed copies with your registration.**

## **Meals**

All meals, beverages, and snacks are included in your \$25.00 registration fee. Camp Aurora is willing to accommodate all reasonable dietary restrictions if notice is given ahead of time. Please see the attached Dietary Considerations Form.

## **Stuff to Bring**

Please bring the following items to the camp:

- Sleeping bag and Pillow,
- Towel and Toiletries (soap, toothbrush, deodorant, etc.),
- Indoor and outdoor footwear (two separate pairs and water sandals if available),
- Clothes for 4 days and for rain and shine,
- Sunscreen and insect repellent,
- Swimsuit,
- Any necessary medications, and
- Outdoor jacket and rain gear

Please **consider** bringing the following items to the camp:

1. Earplugs if needed,
2. Flashlight,
3. Samples of your art, poetry, music, or writings you may wish to share,
4. Musical instruments,
5. A book,
6. A camera, and
7. Personal alarm clock,

Camp Aurora is not responsible for lost or stolen articles. We advise participants to leave cell phones, mp3 players, and other electronic equipment at home.

## **Camp Brereton**

Camp Brereton is located 1 ½ hrs east of Winnipeg in the beautiful Whiteshell area. Camp Brereton, an accredited camp by the Manitoba Camping Association, and is owned & operated through Variety Children's Charity. 2010 will be the 7<sup>th</sup> year Variety has been operating Camp Brereton. The camp offers many different activities on site, including hiking, canoeing, kayaking, fire-pits, swimming and more. To view pictures and more information about Camp Brereton, visit Variety's website at: [http://www.varietymanitoba.com/camp\\_brereton.html](http://www.varietymanitoba.com/camp_brereton.html)

## **Transportation/Bus Pick Up Info**

As previously stated in the Camp Rules, there is no space for cars or parking at Camp Brereton! All campers are expected to arrive by transportation arranged through the Camp Steering Committee.

Bus pick-up will be happening at Polo Park Mall and at St. Vital Mall. Campers are required to be at either of the locations at the designated pick up time. Campers not at the pick up time when the bus is departing may lose their spot at camp. Pick up is booked for Tuesday August 24, with two separate pickups happening:

### TUESDAY AUGUST 24<sup>th</sup>:

- Pick up 1: Sears Polo Park Mall parking lot facing Portage Ave. at 9 am
- Pick up 2: Sears St.Vital Mall parking lot facing Bishop Grandin at 10 am

Drop offs will happen at the same places but in the reverse order:

### FRIDAY AUGUST 27<sup>th</sup>:

- Drop off 1: St.Vital Mall at Sears at approximately 2:30 pm
- Drop off 2: Polo Park Mall Sears parking lot at approximately 3:30 to 4 pm

**I will be picked up and dropped off at: (PLEASE INDICATE WHICH LOCATION):**

St. Vital Mall \_\_\_\_\_ OR Polo Park Mall \_\_\_\_\_

## **For Rural and Northern Manitoba Residents:**

For those with financial restrictions for travel into Winnipeg, please contact the Camp Aurora Steering Committee by email [Campaurora@rainbowresourcecentre.org](mailto:Campaurora@rainbowresourcecentre.org) or phone 284-3404. to discuss options available to assist with travel costs.

## **Camper Roles**

A youth can attend Camp Aurora in one of two roles:

### **Camper**

As a Camper at Camp Aurora, I will:

- Identify as a lesbian, gay, bisexual, transgender, two-spirit, queer and/or allied youth.
- Be present at all activities required.
- Be willing to participate in activities.
- Respect myself.
- Respect others.
- Respect the camp facilities.
- Have fun.

### **Peer Youth Leader**

#### **Responsibilities:**

Your main responsibility is to fill specific tasks as a PYL with the underlying knowledge that you are a role model and a leader for the campers. Enjoy the camp experience while staying conscious of the needs of the campers at all times. Utilize your skills and confidence to create the teachable moments as they arise.

- Participate in the pre-camp training
- Contribute to the development of the programming for the camp
- Participate in the implementation of the programming of camp
- Be a presence in your cabin as a leader and role model
- Support each other in your roles as PYLs
- Help create and support a team environment for all levels of camp
- Participant in the general running of camp (cleaning, etc.)
- Help to foster a sense of belongingness, ownership and pride for camp
- Get to know your campers - unique strengths and limitations, etc.
- Be aware of the health and safety needs of your campers
- Follow all camp rules and help ensure all campers follow rules as well
- Help the campers to identify and work through the barriers to participation
- Model healthy boundaries

## **PYL continued...**

### **Qualifications**

- Must be 18 - 25 years of age
- Have the desire and ability to work with youth outdoors
- Have some outdoor experience or a strong desire to develop outdoor skills
- Have some leadership qualities or a strong desire to develop them

### **Requirements**

- Must be available and on time for all training sessions
- Must have an open mind and willingness to learn
- Must be available for the week of camp (August 22-27, 2010)
- Must support Camp Aurora's mission, vision and values

### **Responsible to**

PYL Training Team  
Camp Aurora Steering Committee

**I would like to come to camp as (check one):**

a camper

a peer youth leader

# Youth Camper Information Form (Please print clearly)

Name: \_\_\_\_\_ Please call me: \_\_\_\_\_  
(If there are any special instructions on what to call you, please write them somewhere on the registration form or email them to us)

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Gender/Gender Identification: \_\_\_\_\_

E-mail: \_\_\_\_\_  
(remember - we can't e-mail you if we can't read the address)

Phone Number: \_\_\_\_\_ and \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

School/workplace: \_\_\_\_\_

To assist in room assignment, is there anything we need to know? (i.e. what is your regular bed time, do you snore/talk in your sleep, etc.):

\_\_\_\_\_

All participants will be provided with a commemorative camp T-shirt.

STANDARD       S     M     L     XL     XXL  
 FITTED (these fit VERY tightly)     S     M     L     XL     XXL

## Emergency Contact Information

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

Relationship to Youth: \_\_\_\_\_ City: \_\_\_\_\_

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

## Conditions of Registrations

- The camp cannot be held responsible for lost articles.
- All transportation and related costs to and from camp are the responsibility of each camp participant, unless otherwise arranged with Camp Aurora in advance.
- At the sole discretion of the camp directors, on return of any deposit or fees received, any application may be cancelled.

# **Personal Health Information Form** (Please print clearly)

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

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

## MB Health Numbers

Registration Number (6 digit) \_\_\_\_\_

PHIN Number (9 digit) \_\_\_\_\_

Please indicate if you are currently managing any of the following health concerns:

ADD/ADHD

Diabetes

Migraines

Asthma

Epilepsy/Seizure

Mobility Issues: \_\_\_\_\_

Other (please describe): \_\_\_\_\_

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Please provide any relevant detail or information related to your health concern (ie: new diagnosis, coping techniques, recent changes in health status, etc)

Please indicate if you are currently managing any of the following mental health concerns:

Anxiety

Panic Attacks

Depression

Schizophrenia

Bi-polar disorder

Other: \_\_\_\_\_

Please provide any relevant detail or information related to your mental health concern (ie: coping techniques, recent changes in mental health status, etc)

Do you have any allergies?  Yes  No

What are these allergies (food, environmental, medications etc)

Please describe the reaction and treatment to any allergies:

Do you carry an epi-pen or ana kit?  Yes  No

If yes, please identify the allergy which requires an epi-pen/ana kit:

Do you have any physical, developmental, psychological, behavioural, or emotional conditions that may affect your ability to participate in camp activities?

Yes  No If yes, please describe:

Please list any other considerations that may affect your experience at camp, including recent surgery and injuries, and any chronic health conditions if not already indicated above:

**In order for the nursing staff to best able to support participants, volunteers and staff it is important to list any medications you will be bringing with you to camp, including over the counter medications.  
This information will be kept strictly confidential.**

Camp Aurora Staff and volunteers do not carry any medication and it is illegal for staff to give medication without the consent of a parent or guardian if the

participant is under the age of 18. If the participant needs medication, they must have the following information filled out and signed in order for the staff to dispense it. The staff will dispense medication as per schedule below.

I \_\_\_\_\_ Parent or Guardian of  
\_\_\_\_\_ herby give consent to have a Camp  
Aurora Staff Person dispense medication/s named  
\_\_\_\_\_ to my child as directed by the following  
schedule:

**Medication:**

Dosage: \_\_\_\_\_ Time: \_\_\_\_\_  
Notes: \_\_\_\_\_

**Medication:**

Dosage: \_\_\_\_\_ Time: \_\_\_\_\_ Notes: \_\_\_\_\_  
\_\_\_\_\_

**Medication:**

Dosage: \_\_\_\_\_ Time: \_\_\_\_\_ Notes: \_\_\_\_\_  
\_\_\_\_\_

**Medication:**

Dosage: \_\_\_\_\_ Time: \_\_\_\_\_ Notes: \_\_\_\_\_  
\_\_\_\_\_

**Medication:**

Dosage: \_\_\_\_\_ Time: \_\_\_\_\_ Notes: \_\_\_\_\_  
\_\_\_\_\_

**Medication**

Dosage: \_\_\_\_\_ Time: \_\_\_\_\_ Notes: \_\_\_\_\_  
\_\_\_\_\_

**Note: ALL Medication (prescription and over-the counter), with the exception of items carried for lifesaving reasons (Epi-pens, Ana-kits, Asthma puffers, Insulin) must be stored in the medical cabinet in the nursing office for the duration of camp.**

**This is for liability reasons only.**

# Dietary Consideration Form

This information is shared with the Camp Aurora kitchen staff to help your dietary needs and special food considerations.

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

## **Food Considerations**

(Please check YES or NO and be specific in responding to each question.)

Are you a vegetarian?

Yes  No If yes, to what degree? (Can you eat dairy, fish, fowl, etc.? Please be specific.)

\_\_\_\_\_

Do you have any food allergies?

Yes  No (If yes, are you allergic to milk or eggs? Can they be eaten when mixed with other things (i.e. in pancakes). Please be specific.

\_\_\_\_\_

Do you have any medical illness such as diabetes that require a special meal plan?

Yes  No

\_\_\_\_\_

Do you have religious nutritional requirements?

Yes  No

\_\_\_\_\_

If needed, please attach an additional page to explain your dietary needs or concerns. This form will be used to create individual meals for those campers who have special considerations. Campers with special dietary considerations will be required to eat the special food that is prepared for them.

# Participation Agreement

I, \_\_\_\_\_ (name) agree to the following conditions. I understand that failure to follow these standards will result in my being asked to leave the camp.

## **For youth:**

- I understand that Camp Aurora is a physically and emotionally safe environment.
- I will not use alcohol, drugs, or engage in sexual activity during the camp.
- I will treat myself and others with dignity and respect.
- I will respect the space and rules of Camp Brereton.
- I will be present and actively participate in camp workshops and events to the best of my ability.
- I agree to fill out an evaluation of my participation in the camp, which may be used for research purposes to help improve the camp in future years. The information I give on this evaluation will be anonymous and confidential.
- I am responsible for my own health and wellness, which includes adequate sleep and nourishment.
- I will not be permitted to leave the camp for outside social or recreational purposes. I also understand that friends who are not attending the camp will not be permitted to visit me while I am at the camp.
- I agree to an 11:00 p.m. curfew and lights-out by 12:00 a.m.
- I will inform camp directors about any issues or problems that arise for me.
- I understand that I will be required to pay a \$25.00 registration fee, unless camp directors have approved other arrangements.
- I have read the Camp Aurora application package in its entirety, which outlines required camp behaviour and rules of conduct, and I agree that I will abide by the rules and expectations listed. The camp directors reserve the right to dismiss a camper from camp and to send them home at their own expense at any time and without notice when it is deemed to be in the best interest of either the camper or the camp, or for the violation of any camp rule/agreement, all as determined by the camp directors in their sole and absolute discretion. Should this occur, all parents or guardians will be notified.

**For parent/guardian:**

- I authorize the camp directors to secure medical treatment for my child (or ward) when appropriate, but not limited to medication, x-ray, hospitalization, anesthesia, or surgery. If for any reason my child (or ward) receives such medical attention or special medication beyond that furnished by the camp, I agree to be responsible for all expenses incurred.
- I authorize the camp directors to arrange transportation for a field trip in which responsible, licensed volunteers will be driving campers to and from the field trip location.

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Signature of Participant

Date

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Signature of Parent/Guardian

Date

(If participant is under 18 years of age.)

Signature

**Privacy Statement:** Camp Aurora respects your privacy. We do not rent, sell or trade our mailing lists or information. By completing this form or providing information to us and participating in the summer camp, you will be consenting to our use of such information for the purposes of the camp as outlined herein. We will not disclose your personal information to any third party unless required or permitted to by law. If you wish us not to use your information for our purposes please contact us at: Camp Aurora – Privacy c/o Rainbow Resource Centre, 170 Scott Street, Winnipeg, MB, R3L 0L3.

# **Media Consent Form**

Authorization to reproduce physical likeness/voice and name for educational, marketing, and advertising purposes of Camp Aurora.

Photographs, video, and audio recordings are an important part of documenting camp activities as part of our historical archive, marketing, sponsorship, and public media relationships, which are integral to ensuring the success and continued sustainability of Camp Aurora. All documentation (in print, visual, and audio form) is safeguarded and for the sole use of Camp Aurora. We endeavour to respect the confidentiality of all camp participants and will safeguard all information collected.

Please note that other campers may bring their own personal cameras or recording devices and may take photos of one another for personal use.

Please carefully review and complete the following authorization form.

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Participant (please print)

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Address of Participant

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Phone Number of Participant

If participant is under 18, the following information is required:

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Parent/Guardian

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Address of Parent/Guardian (if different from participant)

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Phone Number of Parent/Guardian (if different from participant)

## Reproduction Rights

I hereby grant to Camp Aurora, including its employees, agents, assigns, or other third party as Camp Aurora may authorize on its behalf, the nonexclusive right to:

(please check all that apply)

- Photograph me,
- Make recordings of me,
- Make combined audio-visual recordings of me and my voice ("Appearance"), and
- Photograph and make recordings of my artwork (the "Licensed Works")

I consent and grant to Camp Aurora the right and licence to use, publish, reproduce, broadcast, distribute or otherwise exploit my Appearance and the Licensed Works by Camp Aurora for educational materials, publications, public media, and web sites and other consistent purposes. I hereby assign and transfer to Camp Aurora this right and licence in and to the Licensed Works and all benefits and advantages to be derived there from. Editing, publication, distribution, public broadcast, and use of my Appearance and the Licensed Works shall be at the sole discretion of Camp Aurora, worldwide, in perpetuity, on a royalty-free basis

I hereby waive any right to inspect or approve the finished videos , photographs, advertising copy, or printed material that may be used in conjunction therewith or to the eventual use that might be implied. I further hereby waive any moral rights that I may have in or to my Appearance and the Licensed Works, namely the right to have my name associated with my Appearance and the Licensed Work, the right to restrain any modification of my Appearance and the Licensed Work, and the right to restrain any use of my Appearance and the Licensed Work in association with a particular product, service, cause or institution consistent with the terms of this "intended Media Use" in the following section.

## Intended Media Use

- Historical camp archive
- Camp marketing and outreach work to youth
- Camp sponsorship, advertising, and public media opportunity

# **Media Consent Signature Page**

## **Consent to Disclose Identity**

Participant's identity, as indicated below,  MAY  MAY NOT be included in the resources listed on the previous page as developed and published in print, electronic, or digital form, including any authorized Camp Aurora web site. Consent takes effect when this agreement is signed and appropriate choices are checked.

First and Last Name

First Name Only

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Signature of Participant

Date

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Signature of Parent/Guardian  
(If participant is under 18 years of age.)

Date

This form will be placed on file in the coordinating office and retaining in accordance with approved records retention schedules.

# Assumption of Risks, Waiver and Release of Claims Indemnity Agreement

## BY SIGNING THIS DOCUMENT, YOU WILL WAIVE LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE. PLEASE READ CAREFULLY.

In consideration of Camp Aurora and the Rainbow Resource Centre Inc. (the "Organizer", as further defined herein) allowing my participation as a participant (the "Participant") in the Camp Aurora summer camp for LGBTT and allied youth (the "Event", as further defined herein), I \_\_\_\_\_, acknowledge and agree on my behalf, and on behalf of my heirs, assigns, personal representatives and next of kin, that:

1. I have full knowledge, understanding and appreciation of the extent of risks and dangers of accidental harm that are involved in participating as a Participant in the Event and I voluntarily assume these risks;
2. I assume, without qualification or limitation, all of these known and unknown dangers and risks, and I accept that full responsibility for my personal safety rests with me at all times, and I agree to abide by Camp Aurora's rules and the terms of the attached Participation Agreement;
3. **I RELEASE, WAIVE and FULLY DISCHARGE** the Organizer, its officers, directors, employees, agents and representatives, and any other person, organization or entity involved in the Event (all of which are included in the definition of "Organizer"), from any and all claims, demands, obligations and liabilities of any kind or nature whatsoever arising from or connected, directly or indirectly, with my presence at or participation in the Event due to any cause whatsoever, including **NEGLIGENCE, GROSS NEGLIGENCE, BREACH OF CONTRACT AND BREACH OF ANY STATUTORY DUTY OR OTHER DUTY**, and I accept that this release covers and includes, but is not limited to, all unknown and unforeseen claims, injuries, damages and losses, and any consequences thereof;
4. I will **INDEMNIFY** and **HOLD HARMLESS** the Organizer from any damage, loss, liability, legal costs or other expenses that it may suffer or incur by reason of any claim against it arising from or connected, directly or indirectly, with my presence at or participation in the Event, including any claim based on **NEGLIGENCE, GROSS NEGLIGENCE, BREACH OF CONTRACT AND BREACH OF STATUTORY DUTY OR OTHER DUTY**;
5. In this document:
  - "**Organizer**" includes the Rainbow Resource Centre Inc., its individual board members, volunteers, the Camp Aurora Steering Committee, and Camp Aurora volunteers;
  - "**Event**" shall include, but is not limited to participation in Camp Aurora, a summer camp taking place primarily at Camp Brereton from August 24 to 27, 2010, which camp is designed as an LGBTT and allied youth leadership camp.
6. I have read this document thoroughly and I understand that, by signing it, I will **WAIVE AND GIVE UP IMPORTANT LEGAL RIGHTS**, including the right to sue. I have been afforded a full and unconstrained opportunity to withdraw from the Event, should I not wish to assume all of the dangers and risks associated with it, but I have freely and voluntarily elected to assume all of

these dangers and risks, to give up important legal rights as set out in this document, and to participate in the Event; and

7. I understand that the Organizer is relying on my full release and waiver of all claims when accepting my participation in the Event.

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

_____	)	_____
Signature of Witness	)	Signature of Participant
_____	)	_____
Printed name of Witness	)	Printed name of Participant

**If the Participant** is a minor - parent or guardian must sign and agree to the foregoing as well as to the conditions below.

I, as the parent or guardian of the Participant, acknowledge that by signing this document, I am, in addition to the Participant, assuming the responsibility of educating and informing the Participant of the waiver, indemnity and consent. I will also be bound by the above terms as it relates to the Participant and as if I had agreed to the same terms.

Also in consideration of the Organizer permitting the Participant to participate as a Participant in the Event, I agree to save harmless and indemnify the Organizer from any claims, actions, damages, expenses, costs arising out of the actions of the Participant or from any claims, actions, damages, expenses or costs claimed or made by the Participant arising from the activities and actions of the Participant while taking part in the Event.

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

_____	)	_____
Signature of Witness	)	Signature of Parent / Guardian
_____	)	_____
Printed name of Witness	)	Printed name of Parent / Guardian

# CAMPAURORA

August 24 to 27, 2010  
Camp Brereton  
Whiteshell, Manitoba

## Camp Aurora Registration Check List

**Please complete before you submit.**  
**Campers must register by July 15<sup>th</sup>**  
**Peer Youth Leaders must register by June 15<sup>th</sup>**

\$25.00 registration fee payable by cheque made payable to the '**Rainbow Resource Centre**' indicating '**Camp Aurora Registration Fee**'.

Youth Camper Information Form

Personal Health Information Form

Dietary Consideration Form

Participation Agreement

Media Consent Form

Assumption of Risks, Waiver and Release of Claims Indemnity Agreement

I have reviewed and agreed to abide by the camp guidelines and rules.

I will bring a positive attitude and be prepared to participate and have fun!

**Please send your completed Camp Aurora registration forms and cheque to:**

**Camp Aurora**  
**c/o Rainbow Resource Centre**  
**170 Scott Street**  
**Winnipeg, Manitoba R3L 0L3**

**If you have any questions or concerns, please email:**  
**[campaurora@rainbowresourcecentre.org](mailto:campaurora@rainbowresourcecentre.org)**