



Phone: 416-736-8759

Email: info@fitforlifegroup.com

Website: www.fitforlifegroup.com

Address: 601 Magnetic Drive, unit #21  
North York M3J 3J2

## Camp Package Purchase Form

Choose the package and extended care options you would like to purchase: (see back for package details and extended care options)

\_\_\_\_\_ Half Day OR \_\_\_\_\_ Full Day \_\_\_\_\_ Drop ins Extended Care (Circle one): AM PM or BOTH \_\_\_\_\_

\_\_\_\_\_  
Child's Name Child's Surname Age Gender Mo Day Year  
Birthdate

\_\_\_\_\_  
Home Address City Postal Code

\_\_\_\_\_  
Guardian's Name Home Phone Number Cell Number Email address

\_\_\_\_\_  
Emergency Contact Name Home number Cell Number

All packages must be accompanied by payment. Visa, Mastercard, Debit, Cash, and Cheque all acceptable. Make cheque payable to Fit for Life Group. We accept payments over the phone with Visa or Mastercard.

TO BOOK YOUR CAMP DAYS CALL INTO THE OFFICE OR EMAIL PRIOR TO THE CAMP DAYS (ALL CONTACT INFO LISTED ABOVE)

### Camp Packages Terms and Conditions

- 1) Packages expire one year from the date of purchase. No exceptions.
- 2) Packages may be used towards any camps we offer (Summer Camp, Winter Break, March Break, Passover Camp, Specialty Camps). You may use it for individual days throughout the year or for full weeks.
- 3) Packages may be used for **siblings** only no exceptions.
- 4) No refunds. Just cancel the camp day 24 hours in advance and use it for another camp day in the future and before the expiry date.
- 5) Packages cannot be transferred from one family to another.
- 6) Payment plans are available upon request.

Please date and sign below. By Signing I the undersigned agree to the above Terms and Conditions regarding the camp package.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**READ BEFORE SIGNING**

**WARRANTY AND CONSENT OF PARENT/GUARDIAN**

**ASSUMPTION OF RISK  
RELEASE AND WAIVER OF LIABILITY  
INDEMNITY AGREEMENT**

**IN CONSIDERATION** of allowing my minor child/ward to participate in the programme, related events and activities of the Fit for Life Group.

**I WARRANT TO YOU THAT:**

1. I am a parent/guardian having full legal responsibility for decisions regarding my minor child/ward, and
2. I am familiar with the risk of serious injury and death which any participant in this programme must assume, and
3. I believe that my minor child/ward is physically, emotionally and mentally able to participate in this programme, and that his/her equipment is mechanically fit for his/ her use in this programme, and
4. I understand, and will instruct my minor child/ward, that all applicable rules for participation must be followed and that at all times the sole responsibility for personal safety remains with my minor child/ward, and
5. I will immediately remove my minor child/ward from participation, and notify the nearest official, if at any time I sense or observe any unusual hazard or unsafe condition or if I feel that my minor child/ward has experienced any deterioration in his/her physical, emotional or mental fitness for continued participation in the programme.

**I UNDERSTAND AND AGREE, ON BEHALF OF MY MINOR CHILD/WARD, MYSELF, MY HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES AND NEXT OF KIN, THAT MY EXECUTION OF THIS DOCUMENT CONSTITUTES:**

1. an unqualified ASSUMPTION OF ALL RISKS associated with participation in this programme by my minor child/ward even if arising from negligence, or gross negligence, including any compounding or aggravation of injuries caused by negligent rescue operations or procedures, of the programme organizer and any persons associated therewith or participating therein, and
2. a FULL AND FINAL RELEASE AND WAIVER OF LIABILITY of the programme organizer and all persons and organizations associated with it and the programme including, without limiting the generality of the foregoing, its officers, directors, officials, agents and/or employees, other participants, sponsors, advertisers, owners and/ or lessors of the premises used to conduct the programme, sanctioning bodies, medical or rescue personnel (the RELEASEES), of and from with the respect to all injury, disability, death or loss or damage to person or property whether arising from the negligence, or negligent rescue of or by the foregoing or otherwise, and
3. an UNDERSTANDING NOT TO SUE the RELEASEES for any loss, injury, costs or damages of any form or type, howsoever caused or arising, and whether directly or indirectly from the participation of my minor child/ward in the programme, and
4. an AGREEMENT TO INDEMNIFY, and to SAVE and HOLD HARMLESS the RELEASEES, and each of them, from any litigation expense, legal fees, liability, damage, award or cost, of any form or type whatsoever, they may incur due to any claim made against them or any one of them whether the claim is based on the negligence or the gross negligence of the RELEASEES or otherwise.

I HAVE READ THIS DOCUMENT THOROUGHLY.

I UNDERSTAND THAT THE RELEASEES ARE RELYING UPON MY WARRANTIES, ASSUMPTIONS, WAIVER AND RELEASE, UNDERTAKINGS AND AGREEMENTS WHEN ACCEPTING MY MINOR CHILD'S/WARD'S PARTICIPATION IN THIS PROGRAMME.

I UNDERSTAND THAT BY SIGNING THIS DOCUMENT I GIVE UP SUBSTANTIAL LEGAL RIGHTS I AND/ OR MY MINOR CHILD/WARD WOULD OTHERWISE HAVE.

I SIGN THIS DOCUMENT VOLUNTARILY AND WITHOUT INDUCEMENT.

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
printed name of parent/guardian

\_\_\_\_\_  
SIGNATURE OF WITNESS

\_\_\_\_\_  
printed name of witness

\_\_\_\_\_  
DATE

\_\_\_\_\_  
AGE OF MINOR