

Participant Name

Camp Qupannuaq Registration Form

Mon, Jul 20 to Fri, Jul 24

Participant Information

_____	_____	Has the Child attended science camp before?	
First Name	Last Name ("the Child")	<input type="radio"/> Yes	<input type="radio"/> No
_____	_____		
Date of Birth (MM/DD/YYYY)	Gender (if known)		
_____	_____	_____	_____
Street Address	Community	Province/Territory	Postal Code

Can your child leave science camp without a parent or guardian picking them up?

Yes No

If **No**, indicate the person's name and phone number to discuss the arrangements for the Child leaving camp.

Name

Phone Number

Parent / Guardian Information & Emergency Contact

Please note that at least one emergency contact must not be a parent/guardian.

1 - Parent / Guardian

Full Name

Relationship to Child

Day Phone

Evening Phone

2 - Emergency Contact #1

Full Name

Relationship to Child

Day Phone

Evening Phone

3 - Emergency Contact #2

Full Name

Relationship to Child

Day Phone

Evening Phone

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Medical Information

Is the child subject to any medical condition that may affect their ability to participate in camp activities?

Yes No If yes, please describe.

Does the child have allergies?

Yes No If yes, please list allergies with reaction and treatment specific to each.

Does the child have any special requirements that would need to be recognized for the camp environment?

Yes No If yes, please describe.

Photo Consent

I hereby authorize Nunavut Research Institute and Actua to photograph, videotape or interview the Child listed above and to publish their name and photographs, video or interviews in Nunavut Research Institute or Actua reports, publications, promotional material and social media, both in print and online and media coverage related to this camp or initiatives of Nunavut Research Institute or Actua. I, on behalf of the Child listed above, assign and transfer to the Nunavut Research Institute and Actua any and all rights, including copyright, which I or the Child may have in the photographs, video or interviews and I understand that Actua may grant the right to other parties to use these photographs, video or interviews, along with the Child's name, for the purpose of promotional activities related to Actua's work.

Yes No

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Personal Information

Nunavut Research Institute is collecting the personal information on this form to: register participants plan activities; ensure participant safety and welfare; contact parents or guardians and maintain a record of participant's participation.

Nunavut Research Institute will disclose some or all of the information on this form to: Actua (<https://actua.ca/en>); and the [Government of Canada \(https://www.priv.gc.ca/en/privacy-topics/privacy-laws-in-canada/the-privacy-act/\)](https://www.priv.gc.ca/en/privacy-topics/privacy-laws-in-canada/the-privacy-act/) for purposes that include program planning and delivery, reporting and evaluation. Actua uses third-party service providers for data storage and communication. This means that your/your child's data may be transmitted or stored outside of Canada. Information shared with Actua will be covered under Actua's Privacy Policy.

For questions related to the collection, use, disclosure or management of personal information by a specific organization, please consult that organization's privacy policy or contact Nunavut Research Institute. You can also contact Nunavut Research Institute to request assistance in contacting other organizations about their privacy programs, request a copy of the personal information in our records, or request the correction of any personal information about you or your child that you believe is inaccurate or incomplete. Please note that requests for access or correction are generally required to be made in writing.

Is the participant a beneficiary of the Nunavut Land Claims Agreement? Yes No

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Release of Liability

I understand that Nunavut Research Institute and its staff or volunteers are solely responsible for the supervision of the Child listed above in this camp, except that if Nunavut Research Institute is not able to provide supervision, then Actua instructors will supervise the Child. I agree to allow the Child to receive basic first aid from Nunavut Research Institute staff/volunteers or Actua instructors certified in first aid and to seek medical assistance for the Child if necessary. I understand Nunavut Research Institute or Actua will attempt to notify me in the event that medical assistance is required.

I understand that there are inherent risks, dangers and hazards, involved in the participation in the Camp, including but not limited to the following:

- risks associated with strenuous activity and play;
- risks associated with the objects and materials used in the camp activities;
- risks of extreme environmental conditions (including temperature extremes, strong winds, floods, & thunderstorms);
- risks of possible encounters with animals and the environment, (including large animals, rodents, snakes, bees and other insects; toxic and other plants).

I understand that injuries can arise by accident from the very nature of camp activities, and in consideration for permitting the Child to attend and participate in camp activities; I hereby release Nunavut Research Institute, Actua and their respective directors, officers, employees, agents, and volunteers (collectively, the "Released Parties") from any and all losses, damages, injuries (including death), or damage or loss to property, howsoever occurring, claims, demands, lawsuits, expenses, (including legal fees and disbursements), and any other liability of any kind (a "Loss"), of or to me or any other person, directly or indirectly arising out of or in connection with the Child's participation in and attendance at the Camp. I further agree that I will not commence or participate in any type of claim or lawsuit against the Released Parties arising out of my child's participation in the camp. This Agreement ensures to the benefit of and binds the parties to this agreement and their heirs, executors, representatives and administrators.

All custodial parents / guardians must sign this Agreement

"I have read all of the above and I agree"

Parent / Guardian #1

"I have read all of the above and I agree"

Parent / Guardian #2

Signature

Signature

Date

Date

Please scan and submit your completed registration form by e-mail to: igima.rojas@arcticcollege.ca