



**dreamcatcher™**  
nature assisted therapy

53044 RR #213,  
Ardrossan, AB T8G 2C4  
Ph: (780)809-1047 ext 1  
Fax: (780)809-1046

[info@dreamcatcherassociation.com](mailto:info@dreamcatcherassociation.com)  
[www.dreamcatcherassociation.com](http://www.dreamcatcherassociation.com)

## Free To Be You

### Youth Registration 2021

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Medical Information	
Current Medications: (If yes, please list. This includes all vitamins, birth control, melatonin, prescription)	
Medical Conditions (If yes, please list) (Ex. Asthma, ADHD, Eczema)	
Allergies (If yes, please list) Specify if Sting Allergies, if so, does the person carry an Epipen (this is mandatory)	
Specific Phobias (If yes, please list)	
Other Information	

In case of emergency, I give permission to the Ardrossan Dreamcatcher Nature-Assisted Therapy Ltd. to secure medical treatment including X-ray, surgery, hospitalization and medication for my child.

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

Parent/Guardian		Legal Guardian
		(If legal guardian is different than parent or caregiver: eg. Case Worker)
Name		
Phone Number		
Mailing Address		
Email Address		
Relationship to Participant		

Person who will be picking up/dropping off participant each day		Emergency Contact
Name		
Phone Number		
Mailing Address		
Email Address		
Relationship to Participant		



### ACKNOWLEDGMENT OF RISK AND RELEASE OF LIABILITY

For Participants Under the Age of Majority in the Province or Territory in which the Equine and Nature-Assisted Activities are provided by the Host. **WARNING: THIS AGREEMENT WILL AFFECT YOUR LEGAL RIGHTS. READ IT CAREFULLY!**

The Parent/Guardian Must Read and Understand this Waiver Prior to Dependents Participating in Animal and Nature Activities

The following waiver of all claims, release from all liability, assumption of all risks, agreement not to sue and other terms of this agreement are entered into me on behalf of the Dependent Participant named below with and for the benefit of: Dreamcatcher Nature-Assisted Therapy, its directors, officers, employees, volunteers, business operators, agents and site property owners or leasees (the "Host"). Without limiting the generality of the foregoing, "Animal and Nature Activities" include but are not limited to hiking trips, hay rides, animal training, equine ground work, working with a variety of animal species and any "riding instruction" provided by the "Host" to the Dependent Participant.

**Initial Each Item Below After Reading and Understanding Each Item:**

- \_\_\_\_\_ 1. I am the Parent/Guardian of the Dependent Participant and am executing this waiver on behalf of the Dependent Participant in my capacity as Parent/Guardian and with the intent that this waiver be binding on myself and the Dependent Participant for all legal purposes.
- \_\_\_\_\_ 2. I am aware that there are inherent dangers, hazards and risks ("Risks") associated with "Animal and Nature Activities" and that injuries resulting from these "Risks" are a common occurrence. I am aware that the "Risks" of "Animal and Nature Activities" mean those dangerous conditions which are an integral part of "Animal and Nature Activities", including but not limited to:
- (a) the propensity of any equine, ruminant, canine, feline or fowl to behave in ways that may result in injury, harm or death to persons on or around them and to potentially collide with, bite or kick other animals, people or objects;
  - (b) the unpredictability of an equine, ruminant, canine, feline, or fowl's reaction to such things as sounds, sudden movement, tremors, vibrations, unfamiliar objects, persons or other animals and hazards such as subsurface objects; and
  - (c) the potential for other participants to behave in a negligent manner that may contribute to injury to themselves or others, including failing to act within their abilities to maintain control over an equine, ruminant, canine, feline or fowl; and
  - (d) the potential for participants to fall over obstacles, from equines, or from moving vehicles that may be found in a nature setting.
  - (e) the potential to be at greater risk of illness or infection while working in an outdoor setting or with any equine, ruminant, canine, feline, or fowl, particularly for person with auto-immune deficiencies.
- \_\_\_\_\_ 3. I freely accept and fully assume all responsibility for all "Risks" and possibilities of any and all personal injury, death, property damage or loss resulting from the Dependent Participant's participation in "Animal and Nature Activities".
- \_\_\_\_\_ 4. I agree that although the "Host" has taken steps to reduce the "Risks" and increase the safety of the "Animal and Nature Activities", it is not possible for the "Host" to make the "Animal and Nature Activities" completely safe. I accept these "Risks" and agree to the terms of this waiver on behalf of the Dependent Participant, even if the "Host" is found to be negligent or in breach of any duty of care or any obligation to myself or the Dependent Participant in the Dependent's participation in "Animal and Nature Activities".
- \_\_\_\_\_ 5. In addition to consideration given to the "Host" for the Dependent Participant's participation in "Animal and Nature Activities", I and my heirs, next of kin, executors, administrators and assigns, as well as the Dependent Participant and his/her heirs, next of kin, executors, administrators and assigns (collectively our "Legal Representatives") agree:
- (a) to waive all claims that the Dependent Participant has or may have in the future against the "Host";
  - (b) to release and forever discharge the "Host" from all liability for any personal injury, death, property damage, or loss that I, the Dependent Participant, or "Legal Representatives", might suffer as a result of the Dependent Participant's participation in "Animal and Nature Activities" due to any cause, including but not limited to negligence (failure to use such care as a reasonably prudent and careful person would use under similar circumstances), breach of any duty imposed by law, breach of contract or mistake or error in judgment of the "Host"; and
  - (c) to be liable for and to hold harmless and indemnify the "Host" from all actions, proceedings, claims, damages, costs demands, including court costs and costs on a solicitor and own client basis, and liabilities of whatsoever



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nature or kind arising out of any way connected with the Dependent's participation in "Animal and Nature Activities".

\_\_\_\_ 6. I agree that this waiver and all terms contained herein are governed exclusively and in all respects by the laws of the Province or Territory of Canada in which the "Animal and Nature Activities" are provided by the "Host". I hereby irrevocably submit to the exclusive jurisdiction of the courts of that Province or Territory of Canada and I agree that no other court can exercise jurisdiction over the terms and claims referred to herein. Any litigation to enforce this waiver will be instituted in the Province or Territory of Canada in which the "Animal and Nature Activities" are provided by the "Host".

\_\_\_\_ 7. I confirm that I have had sufficient time to read and understand this waiver in its entirety. I understand that this agreement represents the entire agreement between the "Host", myself as Parent/Guardian, and the Dependent Participant, and it is binding on myself, the Dependent Participant and our "Legal Representative".

**Please Print Clearly**

\_\_\_\_\_  
(Print Name of Parent/Guardian of Program Participant)      Signature      Date Signed

\_\_\_\_\_  
(Print Name of "Host" Witness to Signing and Initialing)      Signature      Date Signed

**Acknowledgement & Consent for My Child to Participate in the Nature and Animal Assisted Therapeutic Group for Tourette Canada**

I, \_\_\_\_\_, guardian(s) or parent(s) of, \_\_\_\_\_, give my/our permission for my/our child to participate in the Nature and Animal Assisted Therapeutic Group for Tourette Canada at Dreamcatcher Nature Assisted Therapy.

\_\_\_\_\_  
Parent/ Legal Guardian Name #1      Parent/ Legal Guardian Signature #1      Date

\_\_\_\_\_  
Parent/ Legal Guardian Name #2      Parent/ Legal Guardian Signature #2      Date

\*\*\*Please note that we require signed consent from the participant's legal guardian for participation in this program. If parents are separated or divorced and both parents have legal guardianship over the participant; both parents must give signed consent. \*\*\*

**Photo Release**

I hereby consent to and authorize the use and reproduction by the Dreamcatcher Animal Assisted Wellness Academy and/or Dreamcatcher Nature Assisted Therapy of any and all photographs and/or any other audiovisual materials taken of me / my son / my daughter / my ward / my animal, for promotional printed material, educational activities, exhibitions, or for any other use for the benefit of the program.

I also consent to and authorize the use and reproduction by Tourette Canada of any and all photographs and/or any other audiovisual materials taken of me/ my son / my daughter / my ward / my animal, for promotional printed material, educational activities, exhibitions, or for any other use for the benefit of Tourette Canada.

Name: \_\_\_\_\_  
(Parent or Guardian)

Signature: \_\_\_\_\_  
(Participant, parent or guardian)



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Please indicate any: Presenting Issues/Diagnosis/ Behaviour Concerns:

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What are you hoping your child will learn by attending this group?

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How did you hear about this group? \_\_\_\_\_

Name of Participant: \_\_\_\_\_ Cost for 5 Day camp: \$800 per participant, Max. 8 participants

Choose your Camp:

Ages 8 – 12    \_\_\_ July 5 – 9, 2021    9am – 3pm Daily

Ages 8 – 12    \_\_\_ August 23 – 27, 2021    9am – 3pm Daily

Ages 13+    \_\_\_ July 19 - 23, 2021 9am – 3pm Daily

Ages 13+    \_\_\_ August 9 – 13, 2021    9am – 3pm Daily

### Method of Payment

Do you have FSCD funding that you would like to utilize?    Yes    /    No

If yes, please provide your child's FSCD number: \_\_\_\_\_

If yes, please provide your FSCD workers contact information:

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If no, please provide your payment details:

Total submitted \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_

Email Money Transfer: Please send to [Info@dreamcatcherassociation.com](mailto:Info@dreamcatcherassociation.com) and provide a question and answer

Question \_\_\_\_\_

Answer \_\_\_\_\_

Cheque/Money Order: Please make cheque or money order payable to:  
Dreamcatcher 53044 RR 213, Ardrossan, Alberta, T8G 2C4

Credit Card: Please provide a Visa or Mastercard number, Expiry Date, and Name as it appears on the card.

Name \_\_\_\_\_

Number \_\_\_\_\_ Expiry \_\_\_\_\_

Please note that we require fourteen days cancellation notice. If notice is given on or before two weeks before your camp attendance, your money will be refunded in full, minus a 4% service charge if attendance paid with a credit card. If notice of cancellation is given on or after the two-week prior deadline, refund of your money will be dependent upon Dreamcatcher Nature Assisted Therapy's ability to fill your reserved place.