

Registration Form
Black Cultural Centre for Nova Scotia
Culture Camp
August 7th - 10th
9:30 am – 4:00 pm



Child Registration Information

First name: _____ Last name: _____

Age: _____ Gender: M () F () Birthdate: _____

Parent/Guardian Information

First name: _____ Last name: _____

Home number: _____ Cell number: _____

Email: _____

Address: _____ City: _____ Postal Code: _____

Emergency Contact Information

Name of emergency contact: _____

Emergency contact home #: _____ cell #: _____

Dietary Restrictions/Allergies

Does your child have any allergies and/or dietary restrictions?

(please check one): Yes () No ()

If yes, please indicate these needs below:

Payment Method

The Culture Camp has a registration fee of \$10.00

How would you like to pay? (please check one)

Cash () Debit () Credit ()

If paying with credit

Name on credit card: _____ Last four digits of credit card #: _____

Signature: _____ Expiry date: ____/____

Consent to Form and Terms of Agreement

Please sign below, indicating that you agree with the following terms for the Culture Camp:

Part 1

By signing this Form, you are consenting to the taking of photographs and/or video recordings of your child by the Black Cultural Centre for the Purposes, you are assigning to the BCC, and waiving any rights you have related to, any such photographs and/or video recordings, and you are consenting to the use of any such photographs and/or video recordings, in whole or in part, by the BCC and any Authorized Third Party for the Purposes.

PURPOSES: For marketing, advertising, promotional and/or communication purposes, the BCC may, from time to time, take photographs and/or video recordings of BCC based activities or events that include real people, which photographs and/or video recordings will be placed in the BCC archives.

For valuable consideration received but without any promise of remuneration, **I hereby agree to allow photographs and/or video recordings to be taken of my child**, whether posed or candid, while I am on BCC property and/or participating in BCC activities or events, **to be reproduced, published, displayed, broadcast, transmitted, licensed, sublicensed or otherwise used by the BCC or any Authorized Third Party in connection with the Purposes**, including without limitation on BCC internet websites, in printed materials, or in any other materials or mediums.

I hereby release and forever discharge the BCC, any Authorized Third Party and their respective officers, directors, employees, agents, partners and affiliates, and their respective heirs, executors, personal legal representatives, successors and assigns, as applicable, from all actions, claims, causes of action, suits, demands, liabilities and damages whatsoever, in law or equity, which I may have against any of the min connection with the photographs and/or video recordings.

Part 2

ASSUMPTION OF RISK AND INDEMNIFYING RELEASE

While BCC staff and instructors will make every reasonable effort to minimize exposure to known risks associated with each Registrant's (defined below) participation in a BCC program ("Program"), I hereby acknowledge that I and/or my child if I am registering on his/her behalf (collectively, the "Registrant") may be required, depending on the nature of the Program, to participate in various physical activities that may involve risk of injury. In this regard, I agree that I have provided (if required) a complete and accurate health history and hereby permit the Registrant to participate in the full range of Program activities, except as specifically noted by me in the health information section of the Program registration (where applicable). In consideration for the Registrant's opportunity to participate in the Program, the receipt and sufficiency of which is hereby acknowledged, I hereby release and

forever discharge the Black Cultural Centre for Nova Scotia ("BCC"), its respective officers, directors, employees, volunteers and agents, and their respective successors and assigns, from any and all liability for damages sustained in consequence of loss, injury or damage to the Registrant, and from all other actions, causes of action, claims, demands or damages of any kind with respect to death, injury, loss or damages to any person or property arising out of or connected with preparation for, or participation.

MEDICAL EMERGENCIES

In the event of an accident, injury or illness involving the registrant, and immediate contact by the BCC with a designated contact cannot be made, I hereby authorize and grant permission to BCC staff to secure proper medical treatment and authorize on the registrant's behalf all procedures, including, without limitation, admission to an emergency unit, hospital and treatment therein, ordering of x-rays, tests or treatment, injections, anesthesia and/or surgery, as deemed necessary by the attending medical professional(s). I agree not to hold the BCC responsible _____. Please initial.

COMMITMENT TO PRIVACY

The Black Cultural Centre for Nova Scotia is committed to protecting personal information by following responsible

Information handling practices. We collect and use information you volunteer when you access or register for a BCC program, to better meet your service needs, to ensure a safe environment, for statistical and assessment purposes, to inform you about the Program in which you are registered, and to satisfy government and regulatory requirements. You may also hear from us periodically about other BCC programs, services and opportunities that may interest and benefit you.

_____ Please initial

DISCLAIMER

All programs and are subject to change or cancellation due to low enrolment or other unforeseen circumstances that are prohibitive to the operation of the program. _____ Please initial

I confirm that I am over the age of majority in my province or territory of residence and am competent to execute this Form and to participate in the development of promotional material or content for the BCC archives.

By signing my name, I (and my legal guardian, where applicable) acknowledge that I (or we) have carefully read and understand this form.

Signature: _____ Date: _____

**** Please complete the form and submit the completed form via email to contcat@bccns.com , fax: 902-434-2306 or in person at the Black Cultural Centre. Please note all fees must be paid by Friday August 3, 2018 at 4pm.**