

ADULT AND YOUTH CAMPERS:

The Whistler Health Care Centre or other medical facility will require full payment at time of treatment if the treatment is not covered by the Medical Services Plan of BC. Please provide your credit card number to prevent any delay in care. The Clinic or medical facility will issue you the necessary forms/documents to apply for reimbursement from your insurance provider, if required.

Credit card number: _____ Expiry date: _____

Print name on card: _____

Cardholder's signature: _____

Date: _____

Adult Campers Only: The credit card information above can be left blank if you will ride with your credit card daily during your time at SGC. As mentioned above, you must pay the Whistler Health Care Center during your visit there.

YOUTH CAMPERS

HOTEL DAMAGE & PHONE DEPOSIT AGREEMENT (if applicable)

I, _____, do hereby agree that **Summer Gravity Camp** may bill my credit card for telephone calls or other room charges incurred, and do furthermore agree pay for any damages sustained to the room or premises occupied by myself or the camper named below while attending the **Summer Gravity Camps**. The credit card details provided above for medical purposes will be billed and I will be notified of the charge/reason for billing.

Parent/guardian Signature: _____

MEDICAL CONSENT (applies to ALL CAMPERS 18 years old and under)

Camper's Name: _____

I am the parent or legal guardian of the camper named above and I consent to the camper attending Summer Gravity Camps and participating in the full range of camp activities offered. I understand and agree that the operator of Summer Gravity Camps and its coaches, counsellors and representatives are not responsible for any injury the camper may suffer while participating in Summer Gravity Camps.

In the event the camper becomes ill or suffers an injury while participating in Summer Gravity Camps, I consent to the camper receiving any medical treatment that, in the opinion of the attending health care provider, is necessary. If the consent of a parent or guardian of the camper is specifically required in respect of any medical treatment, I authorize Summer Gravity Camps or its delegates to consent on my behalf based on the advice of the attending health care provider. I understand that in the event of an emergency, Summer Gravity Camps will use reasonable efforts to contact the Emergency Contact prior to consenting to medical treatment for the camper, however the need for an immediate decision regarding medical treatment for the camper may make such contact impossible.

I consent to the camper being treated at the Whistler Health Care Centre or any other medical facility that is appropriate in the circumstances. I understand that Summer Gravity Camps is not responsible for the costs of any medical treatment of the camper. I understand that if the treatment is not covered by the Medical Services Plan of BC, the costs of medical treatment must be paid in advance and authorize and agree that such costs may be charged to my credit card.

Parent/Guardian Signature: _____

Name of Parent/Guardian: _____

Date: _____

Important:

Camp registration costs are non-refundable in the event that an injury and/or unforeseen event prevent you from completing your week of camp. It is strongly recommended that you purchase Trip Cancellation/ Trip Interruption Insurance along with your Medical Insurance for your week at SGC. We also recommend that this insurance is purchased in case you injure yourself prior to camp starting (it happens more than you think!).

Please make note of our cancellation policy:

- **More than 4 weeks before camp starts:** Refund, less \$250 administration fee. Accommodation cannot be refunded once camp is paid in full.
- **Less than 4 weeks before camp starts:** Credit towards Season 2025 with \$250 Administration Fee applied.
- **During the trip:** no refund or credit if injured during camp.
- **Bikes Rentals :** Can be cancelled and refunded up to 24 hours before camp starts

INSTRUCTIONS

Please complete pages 1 and 2 along with our other necessary waivers:

1. Bike Park Program Waiver (allows you to ride in the bike park)
2. Model Release (allows us to film and take your photo)
3. Rental Forms (will be emailed June 2024) .

ADULT WEEKS:

PLEASE DROP OFF WAIVER UPON ARRIVAL ONLY! (Bike Park waiver can be done online by following link on SGC receipt)

YOUTH WEEKS

1. Keep a copy of the form for your own records
2. Email signed copies to info@summergravitycamps.com, and SGC
- 3 Send completed forms with camper to camp

If you have any questions in regards to SGC, please e-mail info@summergravitycamps.com or if you have any questions or need assistance with your registration please call Whistler Blackcomb Central Reservations team at 1.800.766.0449

We look forward to seeing you at SGC!