



Camp GLOW - Fire Camp for Outgoing Women

I give permission for me (my daughter) _____ to participate in Camp Glow scheduled to take place **August 15 - 19, 2011**. I understand that I (my daughter) will be attending camp at the Marine Institute, Safety and Emergency Response Training Centre in **Stephenville**. I understand I (my daughter) will be involved in physically and mentally strenuous and demanding activities, many of them modelled on what real firefighters go through during training, and that participation in the camp may be hazardous to me (my daughter). During the week of the camp I understand that I (my daughter) will be using real firefighting equipment under the supervision of active firefighters. In addition, during the camp I understand that employees of the Marine Institute and Women in Resource Development Corporation will supervise me (my daughter). I (have discussed behavioural expectations with my daughter and she) understand(s) that I (she) must behave responsibly and follow all instructions explained by the supervisors during the week of the camp.

I hereby release Memorial University, Fisheries and Marine Institute, Women in Resource Development Corporation (WRDC), its instructors, officers and employees from any claim for damages or other harm suffered in connection with, or directly arising out of, my (daughter's) participation in Camp Glow.

Signature

Date

Signature of Witness

Date

Note: If participant is under 19 years of age, this Release must be signed by the participant's parent or lawful guardian.

Please mail or fax form to:

Mary Clarke
Women in Resource Development (WRDC) - Camp GLOW
53 Bond Street, Suite 300
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Phone: (709) 738-1138
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