



# The Beat Retreat 2016 Application Form



<b>Personal information</b>		
Full name:		
Age:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Street address:		Apt.:
City:	Province:	Postal Code:
Home phone:	Cell phone:	
Email:	Health card number:	
What is your swimming level: <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/> Can't swim		

<b>Medical contacts</b>		
Family doctor		
Name:		
Office phone:	Pager number:	
Cardiologist		
Name:		
Office phone:	Pager number:	
Hospital affiliation:		

<b>Medical information</b>		
<u>NOTE:</u>		
<ul style="list-style-type: none"><li>You must attach a printed copy of your most recent clinic letter and ECG to this application. If you have a pacemaker, you must also attach a printout showing your latest PPM readings.</li><li>If you are a non-resident of Canada, you must also provide the following no later than August 26, 2016:<ul style="list-style-type: none"><li>A photocopy of your passport ID page showing your full name, picture and date of birth.</li><li>Proof that you will have full medical coverage (travel health insurance) during your stay in Canada.</li></ul></li></ul>		
Do you have any major allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please specify:</i>		
Do you carry an Epi Pen? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you wear a Medic Alert bracelet? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please list any major health concerns (other than your congenital heart condition):		
Do you have any dietary restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please specify:</i>		
Do you have any special physical needs? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please specify:</i>		

Emergency contact information		
Primary contact		
Name:		
Relationship:	Home phone:	
Business phone:	Cell phone:	
Street address:		Apt:
City:	Province:	Postal code:
Secondary contact		
Name:		
Relationship:	Home phone:	
Business phone:	Cell phone:	
Street address:		Apt:
City:	Province:	Postal code:

Release and waiver of liability and indemnity agreement
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I understand that attending a camp retreat, including The Beat Retreat, has inherent risks that may be higher for people with congenital heart disease. I also understand that a requirement for attending The Beat Retreat, and participating in camp activities, is relinquishing any and all rights to hold the Canadian Congenital Heart Alliance ("CCHA") liable for any injury or damage I may suffer while attending The Beat Retreat.

KNOWING THIS, I HEREBY VOLUNTARILY RELEASE THE CCHA FROM ANY AND ALL LIABILITY RESULTING FROM OR ARISING OUT OF MY ATTENDING THE BEAT RETREAT AND/OR PARTICIPATING IN ANY CAMP ACTIVITIES.

I understand and agree that I am releasing not only the CCHA, but also its officers, agents, and volunteers. I understand and agree that this Release Agreement will have the effect of releasing, discharging, waiving and forever relinquishing any and all actions or causes of action that I may have or have had, whether past, present or future, whether known or unknown, and whether anticipated or unanticipated by me, arising out of my attending and/or participating in the activities offered at The Beat Retreat. THIS RELEASE CONSTITUTES A COMPLETE RELEASE, DISCHARGE AND WAIVER OF ANY AND ALL ACTIONS OR CAUSE OF ACTION AGAINST THE CCHA, AND ITS OFFICERS, AGENTS AND VOLUNTEERS.

I understand and agree that this Release Agreement applies to personal injury, property damage, or wrongful death, which I may suffer, even if caused by the acts or omissions of others, or is related to any new or pre-existing medical condition I may have. I am aware that some of the activities offered at The Beat Retreat (such as, but not limited to, volleyball, canoeing, swimming, ropes course, archery, climbing wall, campfires, initiatives games) involve many risks and hazards that could result in death or injury, and that the risk of death or injury may be higher for someone with congenital heart disease. I have been advised that I need to seek medical advice if I know or suspect that my physical condition may be incompatible with any of the activities offered.

I am aware that while attending The Beat Retreat, I will be fully responsible for monitoring my own healthcare (i.e., taking medications as prescribed; ensuring my activity level is appropriate based on my medical history and condition). I AM AWARE THAT THERE WILL NOT BE ANY DESIGNATED MEDICAL PERSONNEL ON SITE DURING THE BEAT RETREAT AND THAT THE CAMP FACILITY WHERE THE RETREAT IS HELD IS NOT EQUIPPED WITH AN EXTENERAL DEFIBRILLATOR. I also understand that the nearest hospital is Belleville General Hospital. I understand that this hospital is approximately 45 minutes away and does not have a cardiologist who specializes in congenital heart defects.

I understand and agree that by signing this Release Agreement, I am assuming full responsibility for any and all risk of death or personal injury or property damage suffered by me while attending The Beat Retreat. I understand and agree that this Release Agreement will be binding on me, my spouse, my heirs, my personal representatives, my assignees, my children and any guardian ad litem for said children. I understand and agree that by signing this Release Agreement, I am agreeing to indemnify and hold the CCHA, its officers, agents and volunteers harmless from any and all liability or cost including attorneys' fees, associated with or arising from my attending The Beat Retreat. I ACKNOWLEDGE THAT I HAVE READ THIS RELEASE AGREEMENT AND THAT I UNDERSTND THE WORDS AND LANGUAGE IN IT. I HAVE BEEN ADVISED OF THE POTENTIAL DANGERS INCIDENTAL TO MY ATTENDING THE BEAT RETREAT.

Applicant's name:	
Applicant's signature:	Date:
Witness' name:	
Witness' signature:	Date:

**Photo and video release**

I hereby consent to:

- the Canadian Congenital Heart Alliance (“CCHA”), its authorized agents and its volunteers collecting, taking, producing, transmitting, broadcasting and/or disclosing photographs, films and/or sound recordings of me (or any other audio and/or visual reproductions of me) while I am attending The Beat Retreat.
- the CCHA using those photographs, video images and voice recordings for:
  1. educational purposes
  2. publication in print or on the Internet
  3. presentation at fundraising events for The Beat Retreat and the CCHA.

I understand, acknowledge and hereby waive any claim for payment arising from the use of any images, recordings or information for the purposes noted above.

I AGREE to the terms outlined in this photo and video release.

I DO NOT AGREE to the terms outlined in this photo and video release (lack of consent will not preclude my participation in camp activities).

Applicant’s name:

Applicant’s signature:

Date:

**Privacy**

The Canadian Congenital Heart Alliance (“CCHA”) knows that confidentiality of personal information is important. That said, by completing and signing this form I hereby authorize the following:

- The CCHA to hold and use as appropriate and necessary information on my medical condition and history.
- The CCHA, its authorized agents and volunteers to use that medical information – and to share it with members of the medical community – as appropriate and necessary to provide me with emergency medical care while attending The Beat Retreat and while participating in camp activities (including transportation to and from the camp).

I also hereby verify that the information provided by means of this form is – to the best of my knowledge – true and complete.

Applicant’s name:

Applicant’s signature:

Date:

**Registration fees and donations**

There is a \$75 registration fee for attending the Beat Retreat. Please attached a cheque for \$75 to your application. The cheque should be made out to the Canadian Congenital Heart Alliance (CCHA). If you unable to pay the \$75 fee due to financial hardship, contact Ted Thaler (416-428-6370) to discuss whether the registration fee can be reduced or waived. Tax receipts are not provided for registration fees.

If you can afford more than the \$75 registration fee (which represents only about 30% of the actual cost of your stay), we urge you to make a donation to the CCHA to help offset costs. If you wish to make a donation (this is an amount over and above the \$75 registration fee), please send a second (separate) cheque made out for the desired amount and be sure to write “Beat Retreat Donation” in the memo line. Tax receipts will be issued for donations over \$20.

**PLEASE BE SURE TO ATTACH:**

- **A COPY OF YOUR MOST RECENT CLINIC LETTER AND ECG.**
- **A PRINTOUT OF YOUR LATEST PPM READINGS, IF YOU HAVE A PACEMAKER.**
- **A BEAT RETREAT MEDICAL FORM FILLED OUT BY YOUR CARDIOLOGIST. IF YOU HAVE PROBLEMS GETTING YOUR CARDIOLOGIST TO COMPLETE THE FORM, CONTACT US IMMEDIATELY; WE WILL DO OUR BEST TO ASSIST.**
- **A PHOTOCOPY OF YOUR PASSPORT ID PAGE AND PROOF OF TRAVEL MEDICAL COVERAGE, IF YOU ARE A NON-RESIDENT OF CANADA.**