



# 2026 Camp Xtreme Registration Package



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## Discover What It Takes to Be a Firefighter Paramedic

### Have you ever wondered what it's like to work as a firefighter or paramedic?

The Regional Emergency Services (RES) Department is proud to offer an exciting four-day summer camp experience designed for youth who are interested in emergency services careers. Camp Xtreme provides participants with the opportunity to explore firefighting, rescue, and paramedic skills in a safe, supervised, and controlled training environment.

Our highly trained staff, specialized equipment, and facilities create a unique hands-on learning experience that introduces youth to teamwork, leadership, and technical skills used by emergency responders every day.

### Throughout the program, participants will:

- Explore the fire hall, fire apparatus, ambulances, and rescue equipment
- Learn basic emergency medical and first aid skills
- Participate in firefighter and rescue-based training activities
- Gain insight into emergency preparedness and community safety
- Experience teamwork, leadership, and problem-solving challenges
- Camp activities may include:
  - Operating fire hoses and connecting hydrants
  - Learning about fire prevention and safety
  - Participating in simulated rescue scenarios
  - Using self-contained breathing apparatus (SCBA) in controlled environments
  - Exploring vehicle extrication techniques using rescue equipment
  - Practicing search-and-rescue skills
  - And much more!

These action-packed day camps offer participants an unforgettable experience while building confidence, communication skills, and an appreciation for emergency services. When summer ends, participants will have incredible stories, new friendships, and a greater understanding of what it means to serve their community.

## Application Process

Review the entire program package and complete the following forms:

- Program Acknowledgement
- Physical Activity Readiness Questionnaire (PAR-Q)
- Participant Risk Acknowledgement, Release, Waiver of Claim, and Assumption of Risk
- Medical Release Form
- Media Consent Form
- Transportation Consent Form

Participants must be between 14 – 18 years of age

Submit all completed forms to: [RESTraining.Records@rmwb.ca](mailto:RESTraining.Records@rmwb.ca)

**Deadline to apply is July 30, 2026.**

Applicants will be notified by July 31, 2026.

## Personal Information & Privacy

All personal information collected relates directly to and is necessary for the purpose of participating in the Regional Municipality of Wood Buffalo, Emergency Services Camp Xtreme Program and is authorized under Section 4(c) of the Protection of Privacy Act. The information collected will be protected and will only be disclosed in accordance with the Protection of Privacy Act and its Regulations.

## PROGRAM ENVIRONMENT

The 2026 Camp Xtreme program involves activities that can be physically demanding and stressful. To minimize health risks, participants and their parent or legal guardian must become informed of the nature of the program's activities.

### Firefighting and Rescue Practical Curriculum

Participants will be put into challenging, hands-on training environments and will participate in physically demanding training activities. Over a period of 4 days, participants will spend 8 hours each day participating in a combination of classroom instruction and practical skills in the areas of firefighting and paramedicine. These activities include, but are not limited to the following:

- Fire safety
- Medical and CPR training
- Splinting and bandaging
- Learning personal and equipment hygiene practices
- Raising and climbing Ladders
- Working overhead
- Using fire extinguishers
- Conducting vehicle extrication
- Extinguishing simulated vehicle fires
- Aquatic rescue
- Using apparatus (ambulances, fire pumps, aerial trucks, etc.)
- Salvage and overhaul
- Operating Sprinkler systems
- Using Self-contained breathing apparatus
- Victim search and rescue
- Entering simulated structure fires, including crawling through structure to locate simulated victims
- Lifting or dragging training mannequins
- Entering confined spaces
- Advancing charged hose line
- Using various tools and equipment, requiring swinging, prying, and striking
- Using ropes and tying knots
- Engaging in rope rescue, including rappelling
- Combined fire, paramedic, and rescue activities

RES is an internationally accredited Emergency Medical Service (EMS) and the Program will be delivered by RES Training Officers that have been certified by RES to deliver training. All program activities will follow the RES safety and operational policies.

### **Personal Protective Equipment (PPE)**

Personal protective equipment (PPE) will be provided to each Participant; Participants are responsible for wearing the PPE as directed by Training Officers. **Participants must bring their own steel toe boots.**

During practical activities, participants will be required to wear full “turn-out gear” which consists of firefighting pants and boots (approx. 6 kgs [13 lbs]), and a firefighting duty coat and fire helmet (approx. 4 kgs [9 lbs]). When the conditions of a Program activity warrant, Participants will also be required to wear a face piece and self-contained breathing apparatus (SCBA) – (approx. 12 kgs [27 lbs]).

### **Physical Demands and Stressors**

There is an element of risk or injury that is inherent in the 2026 Camp Xtreme program, especially with the program’s firefighting and rescue components. The practical curriculum in the Camp Xtreme Program includes simulated, rescue scenarios. All activities will take place in a supervised and controlled environment; however, Participants may encounter physical demands and stressors similar to a firefighter or EMS provider.

Tasks will be broken down into manageable segments to ensure adequate recovery time and avoid pushing a Participant’s body beyond its physical capabilities. A Participant may choose whether or not to engage in any particular activity and is responsible for notifying a Training Officer immediately if they wish to stop an activity at any time.

In full turnout gear, a Participant will be carrying an extra 22 kilograms (49 pounds) of weight on their body. This weight is inactive baggage that serves to overload structural and metabolic facilities of the human body, which are already being highly taxed from the physical demands of the Program activity. The equipment also presents difficulties with ease of movement and visibility.

The following is a list of factors that will increase the physical demands placed on a Participant during the Program activities:

- Turn-out gear and SCBA equipment restricts movement, adds weight to the individual and requires an increased respiratory effort while wearing the SCBA.
- Equipment used is often heavy and is frequently used in awkward positions.
- Environmental conditions (such as heat, cold or rain) can make activities more difficult, which can cause large fluctuations in body temperature.
- Darkness and smoke in a fire scenario decreases visibility and increases the difficulty of an activity.
- Some activities involve work at heights (at the request of a Participant, activities can be adjusted to accommodate participants who are sensitive to confined spaces or heights).

## Registration Form

### Participant Information

Participant Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Does the participant have any medical conditions or allergies we should be aware of?

Please specify:

\_\_\_\_\_

### Parent/Guardian Information

Parent/Guardian Name(s) and Number(s): \_\_\_\_\_

Emergency Contact Name and Number: \_\_\_\_\_

Parent Email Address: \_\_\_\_\_

### Camp Session Selection

Please select one:

August 4<sup>th</sup> – 7<sup>th</sup>, 2026

August 10<sup>th</sup> – 13<sup>th</sup>, 2026

August 17<sup>th</sup> – 20<sup>th</sup>, 2026

**Previous Attendance:** Has the participant ever attended Camp Xtreme before?

Yes  No

**Important Information:** Participants must bring their own CSA-approved steel-toe boots.

### Required Forms Checklist

Program Acknowledgement

Physical Activity Readiness Questionnaire (PAR-Q)

Participant Risk Acknowledgement Form

Medical Release Form

Media Consent Form

Transportation Consent Form

**Program Acknowledgement**

I acknowledge the following:

- That I am responsible for contacting the Regional Emergency Services Training Branch at 780-792-5500 if I have any questions about the Participant’s ability to participate in the 2026 Camp Xtreme program (the “Program”);
- That I have read the Program Handbook and understand all of the information it contains;
- That I have reviewed the list of activities that may be part of the Program and understand the physical demands and stressors that can be associated with them;
- That I understand the Participant’s health, abilities and experience and consent to the Participant’s participation in the Program;
- That the Participant has freely and voluntarily chosen to participate in the Program;

Signed by the Participant in this \_\_\_\_\_ day of \_\_\_\_\_, 2026.  
(day) (month)

\_\_\_\_\_  
(Participant’s name)

\_\_\_\_\_  
(Participant’s signature)

Signed by the Participant’s parent or legal guardian this \_\_\_\_\_ day of \_\_\_\_\_, 2026.  
(day) (month)

\_\_\_\_\_  
(Printed Name of parent or guardian)

\_\_\_\_\_  
(Parent or guardian’s signature)

**Please remember to also return the completed the PAR-Q+ form**

# CAMP X-TREME Release of Liability, Waiver of Claims, Assumption of Risks and Indemnity Agreement

**PLEASE READ CAREFULLY!**

By signing this form, you agree to waive certain legal rights. This form must be signed in ink by the **Participant, a parent or guardian of the Participant and witnessed by an adult**. If you have any questions or concerns regarding the statements below, please discuss them with the Municipality before signing.

Where the word “**Municipality**” appears in this agreement, it shall include the Regional Municipality of Wood Buffalo, its Councilors, officers, employees, volunteers, agents, sponsors and anyone acting on behalf of the Regional Municipality of Wood Buffalo as the context requires.

**WHEREAS** the Municipality intends to hold Camp X-Treme (the “**Program**”) during the following periods in 2026:

August 4<sup>th</sup> – 7<sup>th</sup>, August 10<sup>th</sup> – 13<sup>th</sup> and August 17<sup>th</sup> – 20<sup>th</sup>.

**AND WHEREAS** the Municipality will permit youth ages X to X (“**Participant(s)**”) to participate in the Program for the purpose of being introduced to and learning firefighting skills, rescue skills and paramedic skills, provided the Participant accepts all risks and liability for their participation in the Program. Such risk may include, but are not limited to:

- 1) Death
- 2) Serious injury
- 3) Slips, trips and falls
- 4) Loss of limbs
- 5) Broken bones, strains or sprains
- 6) Cuts or lacerations
- 7) Falling from heights
- 8) Sustaining burns, contusions, lacerations, and abrasions
- 9) Smoke inhalation
- 10) Heat exhaustion or heat stroke
- 11) Over-taxing the body
- 12) Motor vehicle accident

**AND WHEREAS** the Participant has voluntarily and freely decided to participate in the Program;

**AND WHEREAS** the Participant understands and acknowledges that continuing participation in the Program does not constitute an employment relationship which has been expressly terminated prior to signing this waiver;

**AND WHEREAS** the Participant may not participate in the Program, without agreeing to the terms and conditions by signing this release of liability, waiver of claims, assumption of risks, and indemnity agreement (the “**Waiver**”)

**AND WHEREAS** Participant may not participate in the Program, without a parent or legal guardian agreeing to the terms and conditions by signing the Waiver and an additional parental consent and indemnity;

**AND WHEREAS** in consideration of the Participant being allowed to participate:

The Participant acknowledges that although the Municipality may take precautions to reduce the risks and increase the safety of the Program, all dangers and risks cannot be foreseen or managed. The Participant understands and voluntarily accepts without limitation, all risks, including the possibility of loss of property, unforeseen expenses, and personal injury associated with the Participant's participation in the Program.

The Participant understands that Program activities may be done in groups, and that all Participants are expected to participate fully and behave in an appropriate manner. Continuous disruptive behaviour which affects the experience or compromises the safety of others will result in the Participant being terminated from the Program.

The Participant believes that Participant's participation in the Program is beneficial to the Participant and as a condition of the Municipality allowing the Participant involvement in the Program, the Participant agrees to the following on behalf of themself, their heirs, executors, administrators, successors and legal representatives:

- a. to waive all claims that the Participant has or may have in the future against the Municipality for any injury, (including death), loss of property, property damage, financial loss or any other loss whether direct or consequential of or to the Participant, that may result directly or indirectly from the Participant's involvement in the Program, no matter how the loss is caused, including negligence on part of the Municipality but not limited to such loss being a result of the Participant's involvement in the Program, breach of any statutory or other duty of care, the Participant's negligence, the negligence or wrong doing of other Participants in the Program or negligence of the Municipality; and
- b. to remise, release, indemnify and forever hold harmless the Municipality from any and all claims, demands, damages, costs, expenses, loss of services, actions and causes of action whatsoever at law or in equity which the Participant has or may have, by reason of any act, occurrence, or thing whatsoever that may result from the Participant or a third party's participation in the Program, and without restricting the generality of the foregoing, on account of any injury, harm, disability, loss or damage of any kind, sustained or which may be sustained by the Participant however caused.

The Participant acknowledges that the Municipality may be taking photographs and/or video throughout the Program and that they may be asked to sign an Image Release form on behalf of the Participant and that any such form is voluntary.

**I \_\_\_\_\_ (Participant Print Name), hereby confirm that I have read this Waiver and I understand it and the implications of signing it, and declare that I am signing this document voluntarily and of my own free will, intending my signature to be a complete and unconditional release of liability to the greatest extent allowed by law.**

Signed by the Participant this \_\_\_\_\_ day of \_\_\_\_\_ 2026  
(Day) (Month)

Name of Participant: \_\_\_\_\_  
(Print)

Participant Signature: \_\_\_\_\_

Signed by the Participant's Parent or Legal Guardian this \_\_\_\_\_ day of \_\_\_\_\_ 2026  
(Day) (Month)

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

Parent or Guardian Signature: \_\_\_\_\_

## Parental Consent and Indemnity

I, the Participant's parent or legal guardian, understand the nature of the Program and the Participant's health, capabilities and experience, and I believe that the Participant is qualified to participate in the Program. I consent to the Participant's participation in the Program and hereby remise, release, indemnify and forever hold harmless the Municipality from any and all claims, demands, damages, costs, expenses, loss of services, actions and causes of action whatsoever at law or in equity on the Participant's account which the Participant has or may have, by reason of any act, occurrence, or thing whatsoever that may result from the Participant or a third-party's participation in the Program, and without restricting the generality of the foregoing, on account of any injury, harm, disability, loss or damage of any kind, sustained or which may be sustained by the Participant however caused. Participant's account caused or alleged to have been caused in whole or in part by the negligence of the Municipality or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the Participant, or anyone on the Participant's behalf makes a claim against the Municipality.

Signed by the Participant's Parent or Legal Guardian this \_\_\_\_\_ day of \_\_\_\_\_ 2026  
(Day) (Month)

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

Parent or Guardian Signature: \_\_\_\_\_

**Medical Information Release Form**

I (we), the undersigned, parent(s) or legal guardian of \_\_\_\_\_, a  
(participant's name in full)  
 minor, do hereby authorize the Regional Emergency Services and assigned personnel to  
 provide the following medical information to emergency healthcare providers if required.

**Participant's Information** (please print clearly)

Full name: \_\_\_\_\_

Complete address: \_\_\_\_\_ Phone  
 number: \_\_\_\_\_

Birthdate \_\_\_\_\_

Alberta Health Care number: \_\_\_\_\_ List

any allergies to food or medications: \_\_\_\_\_

Is the participant taking medication regularly?

If yes, please list: \_\_\_\_\_ List

any special medical conditions: \_\_\_\_\_

Physician Name: \_\_\_\_\_

Contact Name and Phone: \_\_\_\_\_

Dated at Fort McMurray, Alberta this \_\_\_\_\_ day of \_\_\_\_\_, 2026.  
(date) (month)

\_\_\_\_\_  
 (Participant's full name)

\_\_\_\_\_  
 (Participant's signature)

\_\_\_\_\_  
 (Printed full name of parent or guardian)

\_\_\_\_\_  
 (Parent or guardian's signature)

**Privacy Statement**

The personal information collected on this form is authorized under Section 4(c) of the *Protection of Privacy Act* (Alberta). The personal information collected will be used for emergency purposes for individuals who wish to participate in the Regional Emergency Services Camp Xtreme. The information collected will be disclosed in accordance with Section 13 of the *Protection of Privacy Act* (Alberta). If you have questions about the collection or use of your personal information, please contact the RES Training branch on the ground floor of Fire Hall #5 at #200 Airport Rd, Fort McMurray, Alberta, T9H-4P1, or call 780-792-5500.

## Media Consent

From time to time, we may receive requests from newspaper and television reporters to visit our facilities or programs and report on the program or aspects of the curriculum. Reporters may want to take general classroom photographs or film activities to accompany their stories.

Requests of this nature are given careful consideration by the staff, and approval may only be granted by the Fire Chief or his designate. While we attempt to co-operate with the media when possible and encourage public celebration of our achievements, we recognize there are instances where publicity of this nature is not welcomed by individuals.

From time to time, we also update our web page or social media sites and may wish to include individual or group photos and video. During the program, we also take photographs and/or video so that we can share them with the participants after the program ends.

Therefore, parents and guardians are asked to consider whether they consent to images of their child or ward appearing in a newspaper or being televised while involved in the program activities, on the Regional Municipality of Wood Buffalo's web page, social media or other promotional material or having photos or video shared with other participants.

**I hereby authorize and give full permission to the Regional Municipality of Wood Buffalo, including its elected officials, officers, agents, employees, successors and assigns to use images of myself and my child or ward, recorded while participating in program activities. I release full rights of these images and consent to the use of such material or its reproduction in any manner and by any medium which the Regional Municipality of Wood Buffalo may deem appropriate.**

Dated at Fort McMurray, Alberta this \_\_\_\_\_ day of \_\_\_\_\_, 2026.  
(date) (month)

\_\_\_\_\_  
(Participant's full name)

\_\_\_\_\_  
(Participant's signature)

\_\_\_\_\_  
(Printed full name of parent or guardian)

\_\_\_\_\_  
(Parent or guardian's signature)

## Transportation Consent

I understand that on occasion, some Camp Xtreme activities and training sessions may occur away from the Fire Training Facility at Fire Hall 5 and will require the participants to be transported to other locations.

Some examples include, but are not limited to:

- Transportation to other buildings for tours of Fire Stations, Dispatch Centre, Airport, Hospital, etc.
- Transportation to other training locations throughout the city

I consent to my child or ward being transported by employees of the Regional Municipality of Wood Buffalo by vehicle for the purposes of the Regional Emergency Services Camp Xtreme Program.

Dated at Fort McMurray, Alberta this \_\_\_\_\_ day of \_\_\_\_\_, 2026.  
(date) (month)

\_\_\_\_\_  
(Participant's full name)

\_\_\_\_\_  
(Participant's signature)

\_\_\_\_\_  
(Printed full name of parent or guardian)

\_\_\_\_\_  
(Parent or guardian's signature)