



Rivers Edge Camp and Retreat Centre
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www.riversedgecamp.org

INFORMED LETTER OF CONSENT FOR TRANSPORTATION

Campers Name(s): _____

Transporting from and to locations:

Date(s) of Transportation: _____

Dear Parent:

Rivers Edge Camp and Retreat Centre has arranged transportation to and from camp activities on your behalf for your child(ren).

While every precaution is taken for the safety and good health, some activities including transportation carry with them the inherent risk of personal injury. Your permission is required to provide this transportation. Please carefully read the following information and consent form. If you are in agreement, please sign this and return it to the church.

PERMISSION

I give permission for my child/charge (_____) to be transported in a motor vehicle driven by the individual identified to an event at the specified location on the date indicated. I understand that my child is expected to follow all applicable laws regarding riding in a motor vehicle and is expected to follow the directions provided by the driver and/or other adult volunteers. I understand that participation in the identified event is not a requirement for participation in (name of organization's) activities.

I have read, understand, and discussed with my child that:

- (1) They will be traveling in a motor vehicle driven by an adult and accompanied by a second adult and they are to wear their safety-belt while traveling;
- (2) They are expected to respect each other, the vehicles they ride in, and the people they travel with during the trip;
- (3) Riding in a motor vehicle may result in personal injuries or death from wrecks, collisions or acts by riders, other drivers, or objects; and
- (4) They are to remain in their seats and not be disruptive to the driver of the vehicle.

I recognize that by participating in this activity, as with any activity involving motor vehicle transportation, my child may risk personal injury or permanent loss. I hereby attest and verify that I have been advised of the potential risks, that I have full knowledge of the risks involved in this activity, and that I assume any expenses that may be incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses.

Student's Name _____ Date of Birth _____

Address _____

Phone Number _____ Parents' Work Number _____

Family Doctor _____ Phone Number _____

In case of an emergency, contact _____

I hereby consent to the participation of my/our child(ren) in this supervised activity.

I/we, the parents or guardians named below, authorize the Director or one of the Rivers Edge Camp and Retreat Centre Personnel to sign consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedures for the participant named above.

I/we, named below, undertake and agree to indemnify and hold blameless Rivers Edge Camp and Retreat Centre, its personnel, its Directors and Board from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of the Rivers Edge Camp and Retreat Centre, as well as of any medical treatment authorized by the supervising individuals representing the Rivers Edge Camp and Retreat Centre. This consent and authorization is effective only when participating in or traveling to events of the Rivers Edge Camp and Retreat Centre.

I have read, understood and agree with above.

Activity: _____

Parent / Guardian Signature _____

Printed Name _____ Date _____