Boomerang Day Camp Transportation Waiver 2023

Big Boomers 1 Camp

Camper Information:

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| --- | --- |
| First name: | Last name: |
| Date of birth: | Current Age: |

Parent/Guardian Information:

|  |  |
| --- | --- |
| First name: | Last name: |
| Full address: | |
| Phone number: | Optional secondary phone number: |

I give Boomerang Day Camp, Harmony Baptist Church permission to transport my child to and from Earl Haig Family Fun Park, Brantford, via Sharp Bus Lines Limited during the week of July 17– 21, 2023. I understand that my child is expected to follow all laws applicable to riding in a bus, and is expected to follow the directions provided by the driver and/or other adult staff or volunteers. They are to remain in their seats and not be disruptive to the driver of the vehicle. They are expected to respect each other, the vehicles they ride in, and the people they travel with during the trip.

Riding in a motor vehicle may result in personal injuries or death from wrecks, collisions, or acts by riders, other drivers, or objects.

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.

I understand that Harmony Baptist Church cannot be held responsible for any injuries or expenses, costs and/or claims in connection with any injuries sustained which were not directly caused by their failure to take due care. I also understand that my child’s participation in this activity is conditional upon my signing this waiver and releasing Harmony Baptist Church staff and volunteers.

In the event that my child requires medical attention, until such time as I may be contacted, I hereby authorize Harmony Baptist Church staff and/or volunteers to seek medical treatment and medical personnel in charge of my child to administer such medical or surgical treatment or carry out such procedure as may be deemed necessary or advisable in the diagnosis or treatment of my child. I also assume the responsibility for the payment of any such treatment.

☐ Yes ☐ No

**SIGNATURE OF PARENT/GUARDIAN:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE COMPLETED: \_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_ (MONTH / DAY / YEAR)