

BOOMERANG DAY CAMP 2025
TRANSPORTATION INFORMED CONSENT /ASSUMPTION OF RISKS / RELEASE OF LIABILITY

Camper First Name:		Camper Last Name:	
Date of Birth (M/D/Y):		Current Age:	

PLEASE READ CAREFULLY:

I give Harmony Baptist Church, operating as Boomerang Day Camp, permission to transport my child **TO AND FROM EARL HAIG FAMILY FUN PARK, BRANTFORD, VIA SHARP BUS LINES LIMITED**, during the week of Big Boomers 1. I understand that my child is expected to follow all regulations 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.

Riding in a motor vehicle may result in personal injuries or death from accidents, 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 understand and accept these risks, and 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. I, the undersigned, undertake and agree to indemnify and hold blameless Harmony Baptist Church, its Directors, Board, Corporation members, staff, agents, volunteers, members and representatives from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of the organization.

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 procedures 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.

I have read, understand, and agree with the above. I understand that my child's participation in this activity is conditional upon my signing this form.

PRINT PARENT/GUARDIAN: _____

SIGNATURE PARENT/GUARDIAN: _____

PRINT WITNESS: _____

SIGNATURE WITNESS: _____

DATE SIGNED: _____

Transportation Consent