

4th annual

# Owen Sound Hospital Christmas Baskets

★ **WALMART TRIP**  
FRIDAY NOVEMBER 30th

★ **BASKET MAKING**  
WEDNESDAY DEC. 5th

★ **HOSPITAL VISIT**  
\*CHRISTMAS EVE\*

*helping those in need at Christmas*

# HMC SRYouth SPECIAL - TWO PART SPECIAL EVENT INFORMED LETTER OF CONSENT

**TO:** TRIP ONE - Walmart, Hanover ON / TRIP TWO - Owen Sound Hospital, 8th st, Owen Sound ON

**DATE:** TRIP ONE - NOVEMBER 30 / TRIP TWO - DECEMBER 24th

**LEADER TRANSPORTATION:** Brian Austin, Cory Bezeau, Melissa McDougall, Heidi Eastman, Matt Chittick, Amos Shelley

**DEPART:** TRIP ONE - 9PM / TRIP TWO - 8:30AM from HMC **ARRIVE BACK:** 1PM (ish)

**MAIN LEADER CONTACT:** Pastor Amos Shelley (519) 373-4057

**SECONDARY LEADERS:** Brian Austin, Cory Bezeau, Melissa McDougall, Heidi Eastman

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

## PERMISSION

I give permission for my child/youth 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 other adult volunteers. I understand that participation in the identified events is not a requirement for participate in HMC'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 (at least) and are to wear safety belts when appropriate;
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 of by riders, other drivers or objects;
4. They are to remain in their seats and not be disruptive to the driver.

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.

STUDENTS NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER (primary use): \_\_\_\_\_ WORK PHONE NUMBER: \_\_\_\_\_

FAMILY DOCTOR: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

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

I/we, the parents or guardians named below, authorize one of HMC's Personnel (Pastor or Leader) 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 HMC, its personnel, and Ministry Council from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of HMC, as well as of any medical treatment authorized by the supervision individuals representing the HMC. This consent and authorization is effective only when participating in or travelling to events of HMC.

I have read, understood and agreed with above.

**ACTIVITY:** OWEN SOUN CHRISTMAS WALMART PREP TRIP & HOSPITAL VISIT

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

**PRINTED NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_