Informed Letter of Consent for Transportation

Transporting from and to locations: **Bow Valley Christian Church to Pine Lake Christian Camp, and return.**

Date(s) of Transportation: December 29, 2026. Returning January 1, 2027.

Dear Parent:

Pine Lake Christian Camp Association (PLCCA) has arranged transportation to and from Pine Lake Christian Camp, for Snow Camp 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 print and sign the form, and return it at drop-off.

Permission Form and Consent:

Student's Name _____

In case of an emergency, contact _____

I give permission for my Child 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] activities.

I have read, understand, and discussed with my Child(ren) that:

(1) They will be travelling by school bus, provided by Wilco Transportation Ltd. While travelling;
(2) They are expected to respect each other, the bus 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.

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 (organization's) 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 PLCCA, 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 PLCCA, as well as of any medical treatment authorized by the supervising individuals representing the PLCCA. This consent and authorization is effective only when participating in or traveling to events of the PLCCA.

I have read, understood and agree with above.

Parent / Guardian Signature _____

Printed Name _____ Date _____

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