

# TRAVEL FORM

## Parental/Guardian Consent Form and Liability Waiver

Participant's / Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

I, (Parent/Guardian) \_\_\_\_\_, grant permission for my child,  
(Child's Name) \_\_\_\_\_, to participate in this field trip event  
that requires transportation. This activity will take place under the guidance and direction of Kecia & René Boecking.

A brief description of the activity follows:

Type of event: Travel to and from Capernwray Harbour Bible Centre

Location of event: Thetis Island

Individual(s) in charge: Kecia Boecking (Mobile: 604-728-2465) + René Boecking (Mobile 604-986-2465)

Dates: August 17-21, 2023

Mode of transportation to and from event: Cars & Ferries

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor participant.

I agree on behalf of myself, my child named herein, or our heirs, successors and assigns, to hold harmless and defend the Organizer its officers, directors and agents, and any other representatives associated with the event, from any and all actions, claims, demands, damages, costs, expenses and all consequential damage arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the Organizer, its officers, directors and agents, or representatives associated with the event for reasonable attorney's fees and expenses arising therewith.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Medical Matters:**

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

Initial here

**Emergency Medical Treatment:**

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency and you are unable to reach me at the above numbers, contact:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone : \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone : \_\_\_\_\_

BC medical # \_\_\_\_\_ :

**Specific Medical Information:** The Organizer will take reasonable care to see that the following information will be held in confidence:

Allergic reactions (medications, foods, plants, insects, etc.): \_\_\_\_\_

\_\_\_\_\_

Does child have a medically prescribed diet? \_\_\_\_\_

Any physical limitations? \_\_\_\_\_

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting?

\_\_\_\_\_

You should be aware of these special medical conditions of my child: