I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the parent/legal guardian/authorized drop off person,

of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, HEREBY RELEASE the Arthritis Society, all corporate sponsors (including, without limitation, Rock Lake Camp), and their respective agents, volunteers, and employees from any and all liability with regards to transportation to/from, the operation of, or the provision of services in conjunction with the sleep‐away camp session at Camp Limitless provided by the Arthritis Society.

By checking the box below, I confirm that my child will be taking the bus to camp/from camp for this session of camp and that it is my responsibility to drop off or arrange for someone else to drop off my child at the bus meeting point by the assigned meeting time: \_\_\_\_\_\_\_\_ (Initial here)

Check that apply:

|  |
| --- |
| **Winnipeg** |
| * My child will ride the bus to camp on July 26th, 2020 and return on the bus to Winnipeg on July 30, 2020 . |
| * I will drive my child to camp on July 26th ,2020 and I will pick my child up from camp on July 30, 2020. |

I understand that it is my responsibility to pick up or arrange for someone else to pick up my child from Camp Limitless as soon as possible in the event that my child is unable to stay for the full duration. The Arthritis Society, its sponsors, and other parties connected with the camp are not responsible for my child’s transportation home should they need to leave camp early. \_\_\_\_\_\_\_\_ (Initial here).

I understand that it is my responsibility to pick up or arrange for someone else to pick my child up from the bus meeting point in Winnipeg on the last day of camp, July 30, at the directed time to bring them home. The Arthritis Society is not responsible for my child’s transportation home from the bus drop-off point.\_\_\_\_\_ (Initial here).

I have completely read and fully understand each item within this Transportation Consent Form

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINT NAME OF PARENT/GUARDIAN

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_