

## Ontario Christian Assembly Inc.

### LETTER OF INFORMED CONSENT

To be used for all off-site trips and activities of increased risk.

Camper's Name(s): \_\_\_\_\_

Activity: TreeTop Trekking, Heart Lake Conservation Area, Brampton, Ontario

Date of Activity: Monday, July 15, 2017 (Junior High), Monday, July 3, 2017 (Senior High)

Details of the Activity:

TreeTop Trekking is a day trip taking the campers to an outdoor activity at an aerial adventure park. The campers will participate in an organized program that will include tree climbing, zip lines, and high ropes courses. The day trip will take the campers offsite for approximately 6 to 7 hours.

The campers will be transported by bus both ways. (First Student busing)

All participants **must** complete a Safety Orientation provided by TreeTop Trekking before starting the program. Mandatory safety harnesses and helmets will be worn by all participating in the activities. Guides are available to ask any questions about safety and/or the activities. Camp staff to camper ratio will range from 1:6 to 1:10.

This activity involves inherent risks, dangers and hazards including slips and falls, falls from heights, as well as impact or collision with trees, other participants, platforms, guides or spectators. Participants are to remain in designated areas to help reduce risks. Also, the physical exertion required to participate in these activities can activate or aggravate pre-existing physical injuries, conditions or congenital defects. Participants can opt for a level of participation that best meets their physical strength and abilities.

**Dear Parent:**

We are planning an activity as part of our programming that requires your permission prior to participation. We have provided you the details of the activity and request that you complete and sign the permission form. The safety of your child is our primary concern. Precautions will be taken for their well being and protection.

**Permission Form and Consent:**

Camper's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Parents' Work Number \_\_\_\_\_

Health Card Number \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

**In case of an emergency, contact** \_\_\_\_\_

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

While every precaution is taken for safety and good health, some sports and activities carry with them the inherent risk of personal injury beyond the risks associated with many of the recreational activities at Ontario Christian Assembly, Inc. I/we understand and accept these risks and agree that by allowing my child to participate in those activities, he/she may be taking part in a recreational activity that presents the potential for personal injury.

I/we, the parents or guardians named below, authorize the Dean or one of Ontario Christian Assembly, Inc. Ministry Personnel to sign a 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 Ontario Christian Assembly, Inc., its personnel, its Deans and Board from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of Ontario Christian Assembly, Inc., as well as of any medical treatment authorized by the supervising individuals representing Ontario Christian Assembly, Inc. This consent and authorization is effective only when participating in or traveling to events of the Ontario Christian Assembly, Inc.

I have read, understood and agree with above.

Activity: \_\_\_\_\_

Parent / Guardian Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_