



Hudson Community Baptist Church  
3141 Cote St. Charles Rd  
St-Lazare, (QC)  
450.458.1945

## PERMISSION

I give permission for my person 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 I am expected to follow all applicable laws regarding riding in a motor vehicle and am 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 the Summit activities.

I have read and understand that:

- (1) I will be traveling in a motor vehicle driven by an adult (there are no safety belts in the school bus);
- (2) I am expected to respect all other persons on board, the vehicles I ride in, and the people I 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) I am to remain in my seat 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, I 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.

The company providing such transportation services is as follows:

Autobus Campeau  
15 rue Agathe,  
Riguad, QC J0P 1P0  
450-451-4922

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

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

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

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



Hudson Community Baptist Church  
3141 Cote St. Charles Rd  
St-Lazare, (QC)  
450.458.1945

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

I hereby consent to my participation in this supervised activity.

I authorize the Director or one of the Summit 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, named below, undertake and agree to indemnify and hold blameless the Summit, 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 Summit, as well as of any medical treatment authorized by the supervising individuals representing the Summit. This consent and authorization is effective only when participating in or traveling to events of the Summit.

I have read, understood and agree with above.

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

Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_