CONSENT AND AUTHORIZATION
IN CASE OF EMERGENCY

I have read and understood the information that was provided concerning the activities of the Destination Clic that my son/daughter will attend from June 28th to July 16th, 2018. I also understand that his/her participation in these activities may involve a certain degree of health and safety risk. By enrolling my son/daughter in the Destination Clic activities, which include but are not limited to: classes, workshops, group outings in Ottawa and the surrounding areas, I consent to his/her participation in the activities and I accept the risks involved in his/her participation. I have instructed my son/daughter to inform the person in charge of any pain or injury or any other problems that he/she may experience during or following any Destination Clic activity.

If my son/daughter should become involved in an accident or become ill, I authorize the supervisors or representatives of the Destination Clic to act on my behalf for any medical intervention required, including hospital admission or any necessary treatments that they deem essential for the health and well-being of my son/daughter. This authorization is valid only if I cannot be reached in an emergency.

Name of participant: ________________________________________________________________

Name of parent/guardian: ____________________________________________________________

Signature of parent/guardian: ________________________________________________________

Date: ___________________________