

**Society of St. Pius X Canada**  
**Care of THE SOCIETY OF ST. PIUS X (ONTARIO)**

**Appendix 9: Letter of Informed Consent**

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

Youth/Child Name (1 form per child/youth): \_\_\_\_\_

Activity: **CANADIAN MARTYRS CAMP**

Date of Activity: **July 14 – 21, 2019** (boys) or **July 21 – 28, 2019** (girls) *Please cross out the incorrect option.*

Details of the Activity: **Activities including but not limited to archery, bowling, camping, cooking food at camp fires, canoeing, hiking, playing group games and sports, group activities, singing, trip to the water park, trip to the beach, etc.**

Dear Parent/Guardian:

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 Youth/Child is our primary concern. Precautions will be taken for their well-being and protection.

**Permission Form and Consent:**

Youth/Child Name(s) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Parent/Guardian Work Number \_\_\_\_\_

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

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

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

I hereby consent to the participation of my/our children in this supervised activity.

While every precaution is taken for the 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 of Society of St. Pius X. 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 Clergy or one of Society of St. Pius X personnel to sign consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedures for the participant(s) named above.

I/we, named below, undertake and agree to indemnify and hold blameless Society of St. Pius X, doing business in Ontario under the following name: **The Society of St. Pius X (Ontario)**, its personnel, its leaders and Clergy from and against any loss, damage or injury suffered by the participant(s) as a result of being part of the activities of Society of St. Pius X, as well as of any medical treatment authorized by the supervising individuals representing Society of St. Pius X. This consent and authorization is effective only when participating in or traveling to events of Society of St. Pius X.

I have read, understood and agree with the above.

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

Signature \_\_\_\_\_

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