



Dreams Take Flight (Canada) / Voyage de Rêves (Canada)

Child Consent Form

To: DREAMS TAKE FLIGHT

Re: _____
(Child's full name)

1. I, _____ hereby give consent for the above named child to participate in the DREAMS TAKE FLIGHT charter and confirm that **his/her health is suitable for the trip**, and hereby release **Air Canada** and **DREAMS TAKE FLIGHT** of all responsibility in the event of an accident.
2. I acknowledge that **DREAMS TAKE FLIGHT** consists of a group of volunteers, giving their time freely and without remuneration of any sort.
3. I acknowledge that the purpose of this trip is to take my child/ward to either Disneyland or Universal Studios in California, and that the Child selected to be on our Dream Flight **MUST** meet the following criteria:
 - I. Financially the child would not have the opportunity to ever experience a visit to the theme park and has **NEVER** been to a Disney or Universal Studios Theme Park.
 - II. The child must be a Canadian citizen, and have, or be able to obtain a valid birth certificate & be between 8-13 years of age. The child must also be able to legally enter the U.S.
 - III. The child is **physically** able to handle the long and extremely tiring day (approximately 21 hours). On his/her own **without the aid** of their own personal **doctor or nurse**.
4. This consent shall serve as sufficient consent for the entry to and from Canada and United States of America for the purposes of Customs and Immigration laws of both countries. In the event that emergency medical attention is deemed to be needed in the opinion of the medical staff accompanying the flight, this consent shall serve as my consent to obtain emergency medical treatment for my child/ward at anytime during the trip while under supervision of **DREAMS TAKE FLIGHT**, without my further consent, written or oral.
5. I hereby waive any right of action or possible claim, and agree not to pursue any action arising out of any injury to my child/ward or his/her effects caused by the negligence or actions of any DREAMS TAKE FLIGHT volunteer, its agents or employees, or anyone associated with DREAMS TAKE FLIGHT.
6. I agreed to indemnify and render harmless, DREAMS TAKE FLIGHT, its volunteers, agents or employees, or anyone associated with DREAMS TAKE FLIGHT as a result of any claim or action brought against DREAMS TAKE FLIGHT by any third party as a result of any injury or damage caused by my child/ward.
7. I acknowledged that this consent is valid in any Province of Canada or any State of United States of America, and shall supersede any legislation were a conflict exists with this consent.
8. All allergies and medical conditions for my child/ ward and their applicable treatment or medications have been disclosed on the DREAMS TAKE FLIGHT Child's Fact Sheet or Medical Information Form.

Dated this _____ day of _____, 20____.

(Witness – Print Name)

(Parent or Guardian – Print Name)

(Parent or Guardian – Print Name)

(Signature)

(Signature)

(Signature)