



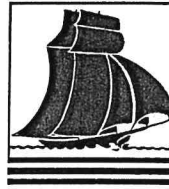
Sainte-Marie
among the / au-pays-des Hurons

Midland, Ontario

1639-1649

(705) 526-7838

FAX (705) 526-9193



DISCOVERY HARBOUR
HAVRE DE LA DÉCOUVERTE

Penetanguishene, Ontario

1817-1856

(705) 549-8064

FAX (705) 549-4858

Parental Consent/Release

I/We have read the "Moon of Wintertime" Preparation Package and consent to _____, my/our son/daughter participating in "Moon of Wintertime" overnight programme at Sainte-Marie among the Hurons, which may include participation in activities such as **blacksmithing, carpentry, storytelling, cornhusk crafts, clay crafts, quill pen writing, journal writing, lacrosse, candle making, dream-catcher making, native games, snow shoeing, hiking, survival techniques and technology**, at Huronia Historical Parks, an attraction operated by the Ministry of Tourism, Culture and Sport.

I/We understand that educational activity programmes, such as the one described above, involve certain elements of risk and that accidents may occur while participating in this activity. The chance of an accident occurring can be reduced by instructing my/our child to carefully follow instructions given by Huronia Historical Parks staff, volunteers and my/our child's teacher/supervisor at all times while engaged in the programme.

I/We agree that Her Majesty the Queen in right of Ontario as represented by the Minister of Tourism, Culture and Sport, its officers, directors, employees, volunteers and agents shall not be liable for any injury to my child or loss or damage to my child's personal property arising out of, or in any way resulting from or connected with my child's participation in "Moon of Wintertime" overnight programme.

I/We further agree to indemnify and hold harmless the Ministry of Tourism, Culture and Sport, its officers, directors, employees, volunteers and agents from any and all claims, demands, and causes of action, of any kind whatsoever, that may be made or initiated by, or on behalf of my/our child arising out of or in respect of his/her participation in "Moon of Wintertime" overnight programme.

By my/our signature below, I/we hereby grant my/our permission and grant staff officials my/our authority to act on my/our behalf in the event of emergency provided I/we cannot first be reached by telephone at the number(s) listed below.

I have read and understood the above. I understand that in permitting my/our child to participate in this programme, I am assuming the risks associated with doing so.

The medication needs of my/our son/daughter are as follows:

Parent/Guardian

Date

Parent/Guardian

Date