



CONSENT

TO: **Dreams Take Flight Montreal Committee**
(herein referred to as the "Committee")

RE: _____
Child's Last Name Child's First Name

1. I, the parent/guardian of the above-named child, acknowledge that the Committee consists of a group of volunteers, giving their time freely and without remuneration of any sort.
2. I consent to have the members of the Committee take my child/ward to the State of Florida from the Province of Quebec by air on November 6, 2013 and returning on November 6, 2013, or as soon thereafter possible.
3. **I acknowledge that the purpose of this trip is to take my child/ward to the Disney World Theme Park located in Orlando, Florida and that my child has never been to Disney (i.e. Magic Kingdom, Epcot or Animal Kingdom) before nor has plans to visit in the near future. ** PLEASE INITIAL THIS PARAGRAPH TO CONFIRM YOUR UNDERSTANDING _____ ****
4. This consent shall serve as sufficient authorization for the entry to and from Canada and the United States for the purposes of the Customs and Immigration laws of both countries.
5. 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 any time during the trip while under the supervision of the Committee, without my further consent, written or oral.
6. 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 member of the Committee, its agents or employees, or anyone associated with the Committee.
7. I also further agree to indemnify and render harmless the Committee, its members, agents or employees, or anyone associated with the Committee as a result of any claim or action brought against the Committee by any third party as a result of any injury or damage caused by my child/ward.
8. I acknowledge that this consent is valid in any Province of Canada or any State of the United States, and shall supersede any legislation where a conflict exists with this consent.
9. All allergies and medical conditions for my child/ward and their applicable treatment or medication have been disclosed on the ***Dreams Take Flight*** Child Medical History Declaration Form.
10. I accept that ***Dreams Take Flight*** reserves the right to refuse to bring my child/ward to Disney.

Witness

Parent or Guardian

Date