

FRUIT & VEGGIE SCAVENGER HUNT

Challenges, Puzzles, Snacks, Prizes, Cooking Demos & Fun for the Whole Family!

SATURDAY SEPTEMBER 9th, 10AM – 1PM

Central Algoma Exhibition (Bruce Mines Fall Fair)

- **FREE** EVENT OPEN TO KIDS AGES 12 AND UNDER
- Bring a "HUNT BUDDY" and your parents!
- **Pre-registration for Scavenger Hunt required by September 5th / Register at your Local Municipality or at Thessalon First Nation Health Centre**

Parents Name:			
Address:			
Town:			
Phone:		Cell:	
Email:			
Child's Name:	Age:	Name:	Age:
Child's Name:	Age:	Name:	Age:
Adult Accompanying Children:			
Taking The Bus:		Yes	No
<p>Buses depart at 8:30am from Blind River Municipal Office stopping at Iron Bridge Arena, Thessalon First Nations Band Office & Thessalon Little School and Echo Bay from the Sportsplex, stopping at Laird Community Hall, Trading Post at Island turnoff, and the Johnson Recreation Centre(arena).</p>			

PHOTO AUTHORIZATION: I do/do not (circle one) give permissions for my child to be photographed. I understand that these pictures might be used as promotional tools (e.g. websites, Facebook, and newspaper)

Name

Date

ASSUMPTION OF RISK AND WAIVER OF LIABILITY

Please Read Carefully

I hereby authorize my child(ren) above listed to participate in the VEGGIES & FRUIT SCAVENGER HUNT, including transportation and related activities, (here called the Program") to be conducted by NORTH CHANNEL COMMUNITY HEALTHY KIDS CHALLENGE and its participating member organizations (collectively here called "HEALTHY KIDS"). (continued over)

I confirm to HEALTHY KIDS that I am a parent or legal guardian of the listed children.

I understand and acknowledge that outdoor physical activities, by their very nature, pose the potential risk of serious injury/illness to individuals who participate.

I understand and acknowledge that participation in these activities is completely voluntary. I understand and acknowledge that in order to participate in these activities, my son/daughter and I agree to assume liability and responsibility for any and all potential risks that may be associated with such activities.

I agree to release HEALTHY KIDS and its member organizations, their officers, directors, agents, employees and volunteers and I agree to hold them harmless from any damages sustained by my child(ren) or caused by my child(ren), or damage to any property, arising out of or in any way connected with the Program or traveling to or from Program locations and whether or not caused or contributed to by any negligence of HEALTHY KIDS or any of its officers, directors, agents, employees or volunteers.

Furthermore, I agree to indemnify HEALTHY KIDS and its member organizations, their officers, directors, agents, employees and volunteers against any and all liabilities imposed or claimed, including legal expenses, arising directly or indirectly from any act or failure of participants, including all claims relating to the injury or death of any person or damage to whether or not caused by the negligence of HEALTHY KIDS or any of their officers, directors, agents, or employees, or volunteers.

I agree that my signature shall be binding upon myself, my child(ren), our heirs, executors, administrators, successors and assigns.

Parent/Guardian Signature

Date

Participant Signature

Date