

## **2026 March for Life Permission Form**

The March for Life 2026 Trip involves travel to the Parliament Buildings in Ottawa, Ontario on May 14th, 2026 by bus and participating in the march along the designated routes. There will be one stop each way for a bathroom break at a convenient rest stop where food or beverages can be purchased. No food will be provided. A child's movie will be shown during travel there and another on our return.

Pickup/Dropoff #1: Sanctus Church, 599 Bayly St E, Ajax, Ontario

Departure: 6:30am

Return: around 9:30pm

Pickup/Dropoff #2 : Hope Fellowship, 1685 Bloor St, Courtice ON L1E 2N1

Departure: 7:10a

Return: Around 9:00pm

I hereby affirm that I understand the hazards related to the March for Life 2026 trip (the "Trip") including, but not necessarily limited to:

1. Lost or stolen property
2. The possibility of being left without transportation during the Trip
3. Bodily harm, injury or death however caused during the Trip;

I understand and agree that the Pregnancy Help Centre of Durham, including the board of directors, staff and volunteers SHALL NOT UNDER ANY CIRCUMSTANCES BE HELD LIABLE OR RESPONSIBLE IN ANY WAY WHATSOEVER FOR ANY OCCURRENCE WHICH RESULTS IN PERSONAL INJURY, PROPERTY DAMAGE, PROPERTY LOSS, COSTS, FEES, OR EXPENSE ASSOCIATED WITH BEING LEFT WITHOUT TRANSPORTATION, WRONGFUL DEATH HOWEVER CAUSED, INCLUDING, BUT NOT LIMITED TO, THE NEGLIGENCE OF THE RELEASED PARTIES, WHETHER ACTIVE OR PASSIVE. I give up my right and the rights of my family, heirs, assigned or beneficiaries to sue the Pregnancy Help Centre of Durham, including the board of directors, staff and volunteers as it relates to injury, death, property damage or loss howsoever caused.

I acknowledge that I have read and understood the risks associated with the Trip including that, if I fail to arrive for the scheduled departure times, the bus will leave without me and I will be responsible for my own transportation.

I, the undersigned, am of lawful age and legally competent to sign this Waiver, Release and Assumption of Liability.

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**Print Participant's Name**

**Participant's Signature**

**Date**

**Participant's Address:** \_\_\_\_\_

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I, the undersigned, am of lawful age and legally competent to sign this Waiver, Release and Assumption of Liability.

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<b>Print Participant's Name</b>	<b>Participant's Signature</b>	<b>Date</b>
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**Participant's Address:** \_\_\_\_\_

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I acknowledge that:

1. My child will attend with me OR will be under the direct supervision of a designated adult attendee throughout the duration of the trip;
2. I acknowledge that my child is expected to follow all rules and instructions given by trip organizers for their safety;
3. I acknowledge that, should my child fail to arrive for the scheduled departure times and the bus leaves, I will be advised and will be responsible for my child's transportation.
4. I release the Pregnancy Help Centre of Durham, its board of directors, staff and volunteers from any liability in case of injury, accident, or unforeseen events during this trip.

Child's Name: \_\_\_\_\_  
Child's Date of Birth: \_\_\_\_\_ Child's Gender: Male Female  
Child's Phone Number (if applicable): \_\_\_\_\_

Child's Name: \_\_\_\_\_  
Child's Date of Birth: \_\_\_\_\_ Child's Gender: Male Female  
Child's Phone Number (if applicable): \_\_\_\_\_

Child's Name: \_\_\_\_\_  
Child's Date of Birth: \_\_\_\_\_ Child's Gender: Male Female  
Child's Phone Number (if applicable): \_\_\_\_\_

Child's Name: \_\_\_\_\_  
Child's Date of Birth: \_\_\_\_\_ Child's Gender: Male Female  
Child's Phone Number (if applicable): \_\_\_\_\_

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<b>Parent's Name Printed</b>	<b>Signature</b>	<b>Date</b>
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Parent Phone Number: \_\_\_\_\_

Name of Designated Adult: \_\_\_\_\_