



Youth and Children Transportation Release Form
Helping Hands Mission Camp
P.O. Box 427, Ordinary, VA 23131
(757) 532-1261
helpinghandsdirector@gmail.com

Minor's Name: _____

Age or Grade: _____

By my signature, I grant permission for my minor to ride from the Helping Hands camp location to work sites and activities.

NOTE: Helping Hands Mission Camp does not allow minors to ride with drivers under the age of 25.

I understand and fully recognize that the transportation of my minor to participate in the projects and activities of Helping Hands Mission Camp (HHMC) involves an element of risk. The undersigned assumes all risks and hazards hereby incidental to such participation and do hereby release, absolve, indemnify and agree to hold blameless HHMC or any of its assigned drivers and shall not hold HHMC responsible for any injury, illness or death as a direct or indirect result of said transportation.

Parent(s) or Guardian(s) Signature: _____

Print Name _____

Phone: _____

Cell: _____

Email: _____