



**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: \_\_\_\_\_