



CHILDREN TO FLOURISH

Saturday, December 6
9:00am - 9:00pm
FREE

Join the
Kawaihae Harbor
Youth Group Flotilla



S C H E D U L E

9:00 a.m. — Leave from 1044 Komohana St. Hilo

11:00 a.m. — Arrival & Beach Swimming

11:45 a.m. — Group Gathering

12:15 p.m. — Lunch Provided & Prep for launch

1:00 p.m. — Boat check-in and waiver sign-in

1:30 p.m. — Boats meet out on the water

3:30 p.m. — Return to shore

3:30 p.m. — Small Group Gathering

4:00 p.m. — A Hui Hou (farewell)

4:15 p.m. — Spencer Beach Park

6:00 p.m. — Dinner (Bring Dinner Money)

7:00 p.m. — Leave for Hilo, **Arrive Home 9:00pm**

WHAT TO BRING

- ✳ **Boat Cruise is Free!**
- ✳ **Transportation is Free!**
- ✳ **Dinner Money (\$20-\$25)**
- ✳ **Swimming Suit & Towel**
- ✳ **Change of Clothes**
- ✳ **Snorkel or Fishing Stuff**
- ✳ **Parent Permission Required**
- ✳ **Online Waiver Required**

More Info Call - 808-443-6787

**Go to www.sonlifeyouth.life for
waiver and more information**

FLOTILLA EXCURSION PARENT PERMISSION & LIABILITY RELEASE FORM

Church/Organization: Hilo Missionary Church

Event Date: December 6 from 9:00am - 9:00pm

Location of Excursion: Kawaihae Harbor & Spencer Beach Park or Hapuna Beach Park

Student Name: _____

Age/Grade: _____ Personal Phone: _____

Purpose of Activity:

Our group will be participating in a supervised boating excursion with other youth groups from Hilo, involving riding in a van, riding in a boat, and participating in water-related activities. All safety protocols will be followed by trained leaders. The event is free and all they need to bring is \$20 for meal money.

LIABILITY RELEASE:

I, the parent/guardian of the above-named child, understand that participation in boating and water-related activities involves inherent risks, including but not limited to slips, falls, minor injuries, drowning, or other unforeseen circumstances.

By signing below, I acknowledge these risks and voluntarily give permission for my child to participate. I hereby release and hold harmless Hilo Missionary Church, its pastors, leaders, volunteers, staff, representatives, and affiliated personnel from any liability, claims, or demands for accidental injury, illness, or property damage incurred during or resulting from this excursion, except in cases of gross negligence or intentional misconduct.

MEDICAL CONSENT:

In the event of an emergency where I cannot be reached, I authorize the adult leaders to secure necessary medical care for my child. I assume financial responsibility for any medical treatment rendered.

Emergency Contact Name: _____

Phone Number: _____

Allergies, Medications, or Special Instructions:

TRANSPORTATION CONSENT:

I authorize my child to be transported by authorized church leaders or volunteers for this event.

PARENT/GUARDIAN SIGNATURE:

By signing below, I agree to all information stated above. ALSO, THE YOUTH LEADER CAN SIGN FOR MY YOUTH TO BOARD THE BOAT.

Parent/Guardian Name (print): _____

Signature: _____ Date: _____

You will also need to go to www.sonlifeyouth.live to sign the online waiver for the boat company.