

East Preston Daycare Family Resource Youth Program

I, the under signed parent/guardian of _____ do hereby consent to his/her participation East Preston Daycare Family Resource Centre After School Youth Program.

Medical Waiver

I acknowledge that participation in this program may expose the above named youth to the possibility of injury. I grant the East Preston Daycare Family Resource Centre Staff the authority to obtain emergency medical treatment as necessary to insure that the above named youth is safe from further injury.

In consideration of East Preston Daycare Family Resource Centre allowing this youth to participate in its program, I agree to waive and release East Preston Daycare Family Resource Centre from all claims for damages that may arise while participating in the East Preston Daycare Family Resource Centre After School Youth Program.

Photo Waiver

I am aware that the above named youth may appear in a photograph, or video, taken by staff or local media while engaged in activities sponsored by East Preston Daycare Family Resource Centre and that photograph or video may appear in a variety of media sources on behalf of East Preston Daycare Family Resource Centre. East Preston Daycare Family Resource Centre will not divulge your youth's name without written permission.

Transportation Waiver

I acknowledge that the above named youth will be participating in activities, trips and events organized by the East Preston Daycare Family Resource Centre Youth Program. I am aware that the participation of my youth may be outside the scope of his/her daily routine. I give permission for my child to travel by foot, automobile, or bus to a desired location. *I acknowledge and confirm that I have read this entire document prior to signing below.*

Parent/Guardian (please print)

Signature of Parent/Guardian

Date

Signature of Witness