

WEST RIDGE CHILDCARE CENTRE

109-3144 Laurier Dr
Saskatoon, SK
S7L 5S7
Phone (306) 382-3223
Fax (306) 952-3223
westridgecc@gmail.com



Consent form for parents

I, _____ (parent/guardian) give permission for
_____ (child's name) to walk back to West Ridge Childcare Centre
without supervision. S/he is capable of making their way to the centre safely and unattended.

I acknowledge that my child is 6 years of age or older.

RELEASE and WAIVER OF CLAIMS

I, individually and/or on behalf of my minor child(ren), hereby release West Ridge Childcare Centre Board Members, Executive Director, Employees, Volunteers, and/or others acting on their behalf harmless from negligence and any and all claims that I or my child may have arising from walking back to the centre from the bus stop.

ASSUMPTION OF RISK

I, individually and/or on behalf of any minor child(ren), expressly and specifically assume any and all risk of injury, illness, death, or property damage resulting from allowing my child to walk home from the bus stop unsupervised.

YOU ASSUME THE RISKS

I, individually and on behalf of my minor child(ren), understand that walking home unsupervised may be dangerous. Once I sign, I am saying that I understand the risks involved and accept all of the risks.

INDEMNIFICATION

I, individually and on behalf of my minor child(ren) shall hereby defend and indemnify West Ridge Childcare Centre Board Members, Executive Director, Employees, Volunteers, and/or others acting on their behalf from any and all claims arising from allowing my child(ren) to walk home from the bus stop.

DURATION

This release will remain in effect for the existing school year, September 1st 2020 through June 20th 2020 and I agree that I will notify West Ridge Childcare Centre in writing if I choose to revoke this authorization.

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STUDENT INFORMATION

Term: September 1st 20__ – June 30th 20__

Child's Name: _____

Child's Date of Birth: _____

Parent or Guardian's Daytime Number: _____

Alternate Phone Number: _____

Home Address: _____

SIGNATURES

- I agree to the above outlined release of liability, waiver of claims, assumption of risks, acceptance of risks, and indemnification for the stated school year.
- I do not agree to the above outlined release of liability, waiver of claims, assumption of risks, acceptance of risks, and indemnification for the stated school year. I or an authorized representative will pick up my child(ren) each day and am subject to the late fee in the 4-H Parent Handbook.

Parent or Guardians Printed Name: _____

Parent or Guardian's Signature: _____

Date: _____

Date