

PHOTO RELEASE PERMISSION FORM

For valuable consideration, I hereby irrevocably consent to and authorize the taking, use, and reproduction by the New Richmond Area Centre, or anyone authorized by the aforementioned, of any and all photographs and/or video taken of me or my child, for any purpose whatsoever including print and electronic use for promotional purposes and programming materials, without compensation to me. All negatives, positives, prints, electronic photos, etc shall remain the property of the New Richmond Area Centre solely and completely.

Yes No I give permission for my child's photo to be used for classroom use
(class books, bulletin board display, slideshow, etc).

Yes No I give permission for my child's photo to be used for promotional
purposes (Centre TV, Facebook, brochures, etc).

Child's Name

Parent/Guardian Signature

Date

CENTRE SWIM PERMISSION FORM

Child's Name _____

Please check one:

- I give permission for my child to participate in the Centre open swim times.
- I do not give permission for my child to swim. He/she will attend but will sit on the bleachers by the pool.
- I do not give permission for my child to swim. He/she will not attend on swim days..

Parent/Guardian Signature

Date

WAIVER OF LIABILITY

I understand that the New Richmond Centre assumes no responsibility for injuries or illnesses which my minor child may sustain as a result of physical condition or resulting from my participation in any field trip activities, sports program, use of any equipment, exercise or other activities, including jumping, climbing, running, and/or walking. I expressly acknowledge on behalf of my minor child that I assume the risk for any and all injuries and illnesses that may result from my minor child's participation in these activities. I hereby release the New Richmond Centre, it's agents, servants and employees from any and all claims for injury, illness, death, loss or damage which my minor child may suffer as a result of my minor child's participation in these activities.

In the event I cannot be reached in an emergency, I hereby consent for the New Richmond Centre to arrange for the transportation of my minor child for medical treatment.

Parent/Guardian Printed Name

Parent/Guardian Signature

Date