



In consideration for permitting the participation in the Scarboro Community Preschool program, the following releases, consents, agreements and promises must be given in respect of each student. Please read the following carefully and ensure you have initialed each section, signed and had your signature witnessed on the last page.

**RELEASE**

We/I the undersigned as parent/legal guardian of:

\_\_\_\_\_

(Name of Child)

(the "Child"), hereby remise, release, and forever discharge the Scarboro Community Preschool, the Scarboro Community Association, any successors and assigns thereof, and their respective directors, officers, teachers, representatives, contractors, volunteers, agents and invitees (collectively, the "Releasees") from all manners of action, causes of action, claims, demands, losses and liabilities which we/I and the Child had, now have, or may hereafter have for any cause, matter, or thing, and in particular, without limiting the generality of the foregoing, by reason of any injury suffered by the Child, and any damages, losses or liabilities arising there from, related to, resulting from or arising in connection with, the Scarboro Community Preschool or its related activities; and do hereby indemnify the Releasees against loss from any and all further claims, demands and actions at law that may hereafter at any time be made or brought by Child or by anyone on the Child's behalf, or by any third party for the purpose of enforcing a further claim for damages arising out of or connected in any way with the Child's participation in the Scarboro Community Preschool.

Parent's Initials: \_\_\_\_\_

**CONSENT FOR FIRST AID TREATMENT**

We/I the undersigned as parent/legal guardian of:

\_\_\_\_\_

(Name of Child)

give consent for the above named child to be given first aid treatment if necessary by the teaching staff, parent volunteers, and first aid personnel.

Parent's Initials: \_\_\_\_\_



**RELEASE OF PERSONAL INFORMATION CONSENT**

We/ I the undersigned as parent/legal guardian of:

\_\_\_\_\_ (Name of Child)

(the "Child") hereby grant consent to the Scarboro Community Preschool to use, release and disclosure of personal information about you, Child's other parent/guardian and the Child which is provided to us, or of which we are in receipt, including name, address, phone number and email address, as is reasonably necessary or desirable for the purposes of the Scarboro Community Preschool or the Child's participation in the Scarboro Community Preschool program, including:

- Providing notices of meetings
- Arranging parental volunteers
- Coordinating school events
- Scholastic book orders
- General preschool business

Parent's Initials: \_\_\_\_\_

**NEIGHBORHOOD WALK CONSENT**

From time to time the Preschool students participate in small field trips within the community of Scarboro. These trips include nature walks, juice trips and other special events such as an Easter Egg Hunt or planting a garden. Because these events often have to be rescheduled due to inclement weather the Preschool is requesting that parents sign a general consent form for these walking trips within the community only (this is for insurance purposes). Further event details will be distributed via notices from the class.

My child, \_\_\_\_\_, is allowed to participate in walking field trips within the community of Scarboro during regular Preschool hours.

Parent's Initials: \_\_\_\_\_





**ACCEPTANCE AND ACKNOWLEDGEMENT**

We/I have read, agree, consent to and accept the foregoing releases, consents, promises and agreements as noted above.

Dated at the City of Calgary, in the Province of Alberta, this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Parent Name (Please print):

\_\_\_\_\_  
Witness Name (Please print):