



WAIVER AND INDEMNITY FORM FOR CHILDREN AGES 8 AND UP

THIS FORM WILL BE USED TO PROVIDE WRITTEN AUTHORIZATION BY PARENTS WHEN A CHILD WILL BE ARRIVING LATE FROM AN AFTER-SCHOOL ACTIVITY HELD AT ROCKCLIFFE PUBLIC SCHOOL.

I, _____, do hereby authorize _____
(parent's name) (child's name)

to attend _____
(activity and location)

on _____ from _____ to _____. My child will
(day(s) of week) (program date(s))

return to the Centre by no later than _____ on these days.
(time)

I release Rockcliffe Child Care Centre of any and all obligations and/or responsibility for my Child from the time my child leaves school until his/her return from the above named program. I understand that it is my responsibility to notify RCCC in advance if my child will not be returning to the Centre on these days

Parent Signature

Date

Witness Signature

Date