



**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 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