



GENERAL RELEASE FORM

I, PARENT/GUARDIAN OF: _____ ("MY CHILD") HEREBY GIVE MY CONSENT TO ALLOW MY CHILD TO PARTICIPATE IN ALL ASPECTS OF THE OTTEWELL COMMUNITY LEAGUE PLAYSCHOOL PROGRAM. I SPECIFICALLY GIVE MY CONSENT TO ALLOW MY CHILD:

- A. TO PARTICIPATE IN ANY AND ALL CLASSROOM ACTIVITIES ARRANGED AND/OR SUPERVISED BY AN INSTRUCTOR, OR MEMBERS OF THE PLAYSCHOOL EXECUTIVE.
- B. TO PARTICIPATE IN ANY AND ALL GYMNASIUM, PLAYGROUND OR OTHER ACTIVITIES, WITHIN OR ON THE PREMISES OF OTTEWELL COMMUNITY LEAGUE, ARRANGED AND/OR SUPERVISED BY AN INSTRUCTOR.
- C. TO PARTICIPATE IN ANY NATURE WALKS OR OTHER WALKING FIELD TRIPS ARRANGED AND/OR SUPERVISED BY AN INSTRUCTOR.
- D. TO BE TAKEN TO USE THE BATHROOM FACILITIES BY AN INSTRUCTOR.
- E. TO PARTAKE IN DAILY SNACK
- F. TO RECEIVE EMERGENCY MEDICAL AID FROM AN INSTRUCTOR OR ANY OTHER EMERGENCY MEDICAL PROFESSIONAL WHICH MAY BE CALLED UPON BY THE INSTRUCTOR TO PROVIDE EMERGENCY MEDICAL AID SERVICES. SUCH EMERGENCY MEDICAL AID MAY INCLUDE THE TRANSPORTATION OF MY CHILD TO A HOSPITAL, BY THE AMBULANCE OR PRIVATE VEHICLE, WHERE SUCH TRANSPORTATION IS, IN THE OPINION OF AN INSTRUCTOR, NECESSARY.

WHEN PROVIDING SNACKS FOR YOUR CHILDREN, PLEASE KEEP EVERYTHING SCHOOL SAFE (NO NUTS, ETC.). I UNDERSTAND THAT OTTEWELL COMMUNITY LEAGUE PLAYSCHOOL ACCEPTS NO RESPONSIBILITY FOR THE SNACK CONTENTS OR QUALITY OF THESE FOOD ITEMS.

I ACKNOWLEDGE THAT IT IS MY RESPONSIBILITY AND OBLIGATION TO ADVISE THE INSTRUCTOR(S) AND THE EXECUTIVE OF THE OTTEWELL COMMUNITY LEAGUE PLAYSCHOOL IN WRITING OF ANY ALLERGIES, DIETARY RESTRICTIONS OR OTHER CONDITIONS THAT MY CHILD MAY HAVE WHICH MIGHT AFFECT MY CHILD'S ABILITY TO PARTICIPATE IN THE ACTIVITIES ENUMERATED ABOVE.

I HEREBY RELEASE AND FOREVER DISCHARGE THE OTTEWELL COMMUNITY LEAGUE, ITS EXECUTIVE, OFFICERS, DIRECTORS AND VOLUNTEERS, THE EXECUTIVE, INSTRUCTOR(S), AND VOLUNTEERS OF THE OTTEWELL COMMUNITY LEAGUE PLAYSCHOOL AND ALL OF THE EXECUTORS, ADMINISTRATORS AND ASSIGNS OF EACH OF THE ABOVE NAMED PARTIES FROM ANY AND ALL MANNER OF ACTIONS, CAUSES OF ACTIONS, SUITE, CLAIMS AND DEMANDS WHATSOEVER THE I, MY CHILD OR OUR HIERS, EXECUTORS, ADMINISTRATORS OR ASSIGNS MIGHT HAVE BY REASON OF THE PARTICIPATION OF MY CHILD IN THE OTTEWELL COMMUNITY LEAGUE PLAYSCHOOL PROGRAM, THE SPECIFIC ACTIVITIES ENUMERATED ABOVE.

Signed this day: _____, 20 ____ At Edmonton, Alberta.

Witness

Signature of Parent or Guardian