

Turtle Tyke

Summer Adventure Camps Waiver

I voluntarily consent to allow my child _____ to participate in the Turtle Tyke Summer Adventure Daycamps in conjunction with the Lethbridge Community Schools Association and take full responsibility allowing him/her to participate in all activities and understand fully the risks that potentially could occur as a result of my child's involvement.

The information obtained for this program will be treated as privileged and confidential and will not be released to any unauthorized person without my expressed, written consent. The information obtained, however, may be used for a statistical or scientific purpose with my right of privacy retained.

I have read the foregoing and understand it. Therefore, I hereby for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may now and hereafter have against the Lethbridge Community Schools Association, its employees and its agents including the staff of the particular program I am registered in.

Name _____ (please print)

Date _____

Signature _____