

Riverbend Playschool Release Forms

CONSENT, WAIVER, RELEASE AND INDEMNITY AGREEMENT – WALKING OUTINGS

(the “Agreement”)

PLEASE READ CAREFULLY

Child’s Name: _____ (my “Child”)

1. **Walking Outings**

- 1.1. I consent to Riverbend Playschool taking my Child on outings away from the licensed facility of Riverbend Playschool within the surrounding community, including outings to neighbourhood playgrounds for the purpose of play, where the children will be walking to their destination.
- 1.2. I remise, release and forever discharge Riverbend Playschool, its respective assigns, successors, servants, directors, employees, officers, members, insurers, agents and contractors of and from any and all manner of actions, causes of action, suits, debts, costs, claims, damages and demands arising out of or in consequence of any loss, injury or damage to my Child’s person or property, including death, incurred or suffered by my Child while participating in any outings away from Riverbend Playschool within the surrounding area, including neighbouring playgrounds or participation in any activities incidental thereto, including as a result of my Child’s own negligence or even if such loss, injury or damage arises by reason of the negligence of Riverbend Playschool, its respective assigns, successors, servants, directors, employees, officers, members, insurers, agents and contractors.
- 1.3. I agree to indemnify and save harmless Riverbend Playschool, its respective assigns, successors, servants, directors, employees, officers, members, insurers, agents and contractors of and from any and all manner of actions, proceedings, claims, costs, losses, damages, expenses, legal fees on a solicitor and own client basis, or demands whatsoever that may be brought against Riverbend Playschool, its respective assigns, successors, servants, directors, employees, officers, members, insurers, agents and contractors or any or all of them, or which they may sustain, pay or incur as a result of, arising out of or in connection with or in consequence of my Child participating in any outings away from Riverbend Playschool within the surrounding area, including neighbouring playgrounds or participation in any activities incidental thereto, including as a result of my Child’s own negligence.

Parent/Guardian(s) Signature: _____

Witness

Date

Witness

Riverbend Playschool Release Forms

CONSENT, WAIVER, RELEASE AND INDEMNITY AGREEMENT – MEDICAL EMERGENCY

(the “Agreement”)

PLEASE READ CAREFULLY

Child’s Name: _____ (my “Child”)

2. Medical Emergency

- 2.1. Should my child require emergency medical attention, I consent to Riverbend Playschool obtaining transportation for my Child to a local Emergency Department via ambulance. I acknowledge and agree that the cost of an ambulance, if any, will be my responsibility and not the responsibility of Riverbend Playschool.
- 2.2. I remise, release and forever discharge Riverbend Playschool, its respective assigns, successors, servants, directors, officers, members, insurers, agents and contractors of and from any and all manner of actions, causes of action, suits, debts, costs, claims, damages and demands arising out of or in consequence of any loss, injury or damage to the Child’s person or property, including death, incurred or suffered by the Child as a result of my Child being transported to a local Emergency Department via ambulance.
- 2.3. I agree to indemnify and save harmless Riverbend Playschool, its respective assigns, successors, servants, directors, employees, officers, members, insurers, agents and contractors of and from any and all manner of actions, proceedings, claims, costs, losses, damages, expenses, legal fees on a solicitor and own client basis, or demands whatsoever that may be brought against Riverbend Playschool, its respective successors, assigns, servants, directors, employees, officers, members, insurers, agents and contractors or any or all of them, or which they may sustain, pay or incur as a result of, arising out of or in connection with or in consequence of my Child being transported to a local Emergency Department via ambulance.

Parent/Guardian(s) Signature: _____

Witness

Date

Witness