

Waiver and Release for Childcare with Tofino Nature Kids Shorebird Festival 2019

Child's Name	_ Age	_ Date of Birth
WAIVER		
Be assured that your child's safety during the instructors. All of our instructors are certified require the following:		
I, the undersigned Parent or Legal Guardia above, will be performing actions associated with running, climbing, playing near water, walking on usual risks associated with such activities. I allow accept the risk of an accident occurring. In the car Nature Kids staff will make every effort to contact informed, I hereby request and authorize a physic medical treatment promptly in case of an emerger above named child, who is under the age of 18 years Tofino Nature Kids program. By signing below the above waiver.	outdoor play rocks and for my child to se of an emo me. Whether cian, hospita ncy. I am the ears and who	y such as but not limited to: prest trails. I am familiar with the participate in these activities, and ergency, I acknowledge that er or not I can be contacted or I or healthcare provider to provide e Parent or Legal Guardian of the o wants to participate in this
Photo/Video Release		
By signing below I hereby grant free permission for picture images of myself or my child, programs or events for outreach purposes, include materials, or print or broadcast media.		
[] No, I do not wish to grant a photo or motion p	oicture releas	se.
Signature of Parent/Guardian		Date.