



REGIONAL DISTRICT OF CENTRAL KOOTENAY

Parental Consent Form - Program

To: Regional District of Central Kootenay (the "RDCK")

Re.: _____ (the "Program")
(Insert name of program)

Date(s) of Program: _____

Name of Child: _____ Date of Birth: _____

I consent to my child's participation in the Program. I am aware that there are risks associated with participation in the Program, including the risk of injury, and I consent to my child's participation in spite of such risks.

In the event that my child requires medical attention, I consent to my child being transported to the nearest emergency centre, including by ambulance if necessary.

Permission is hereby **Granted** or **Not Granted** (*please check appropriate box*) for the RDCK and/ or its Program partners to take and use photographs of the above-mentioned child for promotional and records purposes.

I have read this Parental Consent Form and understand and accept its terms.

Parent's Signature

Witness Signature

Parent's Name (please print)

Witness Name (please print)

Date (please print)