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Description automatically generated  
**Sunbury Shores Arts & Nature Centre**

**After School Art Program**

**Consent and Release Form**

*Please PRINT CLEARLY*

Parent / Legal Guardian Name (first / last) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Best contact phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2nd contact phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
E-Mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2nd Contact Name: (in case person above cannot be reached): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Best contact number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
2nd Contact number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional persons who may be permitted to pick-up my child: (Name and relationship to child)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Child’s Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that there are certain risks of play that may result in damages and injuries in the participation of my child during these activities and I hereby accept these risks on behalf of my child. I hereby certify that my child is fully capable of participating in physical and playground/area activities and that my child is healthy and has no unknown/hidden physical or mental disabilities or infirmities that would restrict his/her full participation in such activities.   
  
Please list any and all restrictions below that may affect your child’s physical participation that we should be aware of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For myself and on behalf of my child, I agree to save and hold harmless and fully indemnify SSANC Management and Staff, on the account that all normal safety procedures have been taken on behalf of Management and Staff, from any and all liability for any personal injury or injury to any third-party child resulting from my child’s actions/participation in the After School Program activities. I hereby release Sunbury Shores and its entire staff from any and all liability, on the account that all normal safety procedures have been taken on behalf of Management and Staff, for any injuries that my child may sustain as a result of any activities taken place at the above-mentioned locations during the designated after school program hours for the duration of my child’s time enrolled at Sunbury Shores After School Art Program.

Child’s Additional Special Needs not listed above: (Medical, Dietary, Allergies etc - Please list)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
 I certify that I have adequate medical coverage for any medical services that may be required while my Child is participating in activities at Sunbury Shores.

In the event that my Child requires medical care and I cannot be reached or the emergency medical circumstances do not allow time to reach me, I authorize Sunbury Shores to obtain for my Child such medical services as are deemed necessary. I understand and agree that Sunbury Shores does not assume any responsibility for any injury or damage which might arise out of or in connection with such emergency medical treatment.

I understand that photographs, video recordings or audio recordings may be taken of my Child or children during our participation in Sunbury Shores activities and I agree that Sunbury Shores may use, publish, and distribute any such photographs, video and/or audio recordings my Child and that I will not receive any payment or other compensation for such use.   
  
 Further, I understand that such photographs, video and/or audio recordings, may be used in any media, including on the Web and in printed materials, in connection with efforts publicizing, promoting or otherwise directly related to the objectives of Sunbury Shores.

I will ensure timely pick up of my child at the conclusion of each scheduled participation date. I understand that late pickup may result in discontinued participation in the program.

**Parent / Legal Guardian Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE NOTE:**

* Children are to be picked up at the school (VMES, SSES, SGES, LSES, and/or GMCS) at / before 5:00 p.m.
* In the case of an emergency, the instructor or school will contact parents/guardians, 911 and/or the RCMP. There are first aid kits accessible at the schools.
* The school (VMES, SSES, SGES, LSES, and/or GMCS) reserves the right to refuse entry to any person or require any admitted person to leave the premisses immediately, in the event the instructor or staff member of the school determines (in his or her sole discretion) that the person's behavior (or the behavior of a companion of such person) is overly disruptive or aggressive and violates any respectful workplace / safety policies or is otherwise inappropriate. If that person is caring for a child, the child will also be obligated to leave. One violation is enough to suspend privileges. Any staff decisions to revoke usage privileges may be appealed by writing a letter to the Executive Director of Sunbury Shores.
* Families must assume responsibility for damaged property caused by neglect, reckless, or willful actions, and pay for replacement or repairs.
* The school (VMES, SSES, SGES, LSES, GMCS) is not responsible for any property brought into the premisses. A lost and found box may contain misplaced items.
* Unfortunately, SSANC will not be providing snacks. However, Children are encouraged to bring their own.
* All violation of these rules or similar incidents (injury, theft, inappropriate behavior, etc.) must be promptly reported to the school staff or Sunbury Shores staff.
* Sunbury Shores normal business hours are 10:00 am to 4:00 p.m. Tuesday through Saturday. Sunbury Shores will be closed on all public holidays and school storm days (or for other emergencies).

If there are any questions or concerns, please contact Sunbury Shores at 506-529-3386 or artistic-director@sunburyshores.org. Thank you