

# Walk Home Release Form

I authorize and give consent to Town of Minto Summer Day Camp Staff to sign my child out of Summer Day Camp. Once they are signed out of Summer Day Camp, they are no longer in the care of the Town of Minto and are without parental supervision. I hereby consent, acknowledge and allow my child to walk home from summer day camp without parental or Town of Minto Day Camp Staff supervision.

**My child is not permitted to leave the day camp site until (ex: 4:00pm)**

*\* day camp runs from 9:00 a.m. – 4:00 p.m., with extended care until 5:15 p.m. available.*

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## RELEASE and WAIVER OF CLAIMS

I, individually and/or on behalf of my minor child(ren), hereby release and hold Town of Minto and their employees, directors, volunteers, and/or others acting on their behalf harmless from negligence and any and all claims that I or my child may have arising from walking home from camp.

## ASSUMPTION OF RISK

I, individually and/or on behalf of any minor child(ren), expressly and specifically assume any and all risk of injury, illness, death, or property damage resulting from allowing my child to walk home from camp.

## YOU ASSUME THE RISKS

I, individually and/or on behalf of any minor child(ren), understand that walking home unsupervised may be dangerous. Once I sign, I am saying that I understand the risks involved and accept all of the risks.

## INDEMNIFICATION

I, individually and/or on behalf of any minor child(ren), shall hereby defend and indemnify Town of Minto and their employees, directors, volunteers, and/or others acting on their behalf from any and all claims arising from allowing my child(ren) to walk home from camp.

## DURATION

This release will remain in effect for the existing summer and I agree that I will notify the Town of Minto in writing if I choose to revoke this authorization.

Additional Notes:

CAMPER WALK HOME CONSENT, RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT CONSENT CAMPER INFORMATION (Children from the same family may be on one form, up to 3 children.)

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent or Guardian's Daytime Number: \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_

Camp Location Address: 111 George Street South, Harriston, ON N0G 1Z0

Walking Destination Address: \_\_\_\_\_

**SIGNATURES:**

\_\_\_\_\_ I agree to the above outlined release of liability, waiver of claims, assumptions of risks, acceptance of risks, and indemnification for the stated summer camp season.

\_\_\_\_\_ I do not agree to the above outlined release of liability, waiver of claims, assumptions of risks, acceptance of risks, and indemnification for the stated summer camp season. If you do not agree we will not allow your camper to walk home.

Parent or Guardians Printed Name: \_\_\_\_\_

Parent or Guardians Signature: \_\_\_\_\_

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