



Sundridge Strong Joly Recreation Committee

PO Box 1120, Sundridge ON, P0A 1Z0

I, _____, give my child,
(Print Parent or Legal Guardian Name)

_____, permission to
(Print Child's Name)

participate in the event known as _____, with full knowledge of the risks involved. I hereby waive and release any and all rights and claims for damages, causes for suits or actions, known or unknown that I may have against the Sundridge Strong Joly Recreation Committee, Village of Sundridge, Township of Strong and Township of Joly for any injuries or losses arising from or in relation to my participation in this activity.

Parent/Guardian Signature

Date

Parent/Guardian Name - Print

Phone Number