



BROCK ELEMENTARY SCHOOL

Release of Liability

Name of student: _____ Grade: _____

Name of student: _____ Grade: _____

Name of student: _____ Grade: _____

Emergency Contact Name: _____ Phone: _____

I understand that attending school by the above-mentioned children may be potentially concerning due to Covid-19 situations. To the best of my knowledge, I represent that my children are medically able to attend school and participate in school activities. I will ensure that they remain medically fit to attend during the school year. I assume all risks associated with the situation due to physical contact with other students and staff. All such risks being known and recognized by me. I hereby agree for myself and my heirs, assigns, personal representative executors and administrators, to waive, release, and forever discharge the Pickering Islamic Centre, its respective directors, officers, employees, volunteers, trainers, and any and all sponsors assisting or connected with this event, any rights, claims, or demands therefore which I and/or my children may have or which I and/or my children may hereafter accrue to me arising out of the covid-19 related sickness due to attending school at Pickering Islamic Centre.

Parent's Signature

Date

Parent's Signature

Date