

# Safe Release Form

I, \_\_\_\_\_, authorize my child/children (aged 10 and over) to leave community centre programs on his/her/their own. **I understand that in doing so I release the City of Richmond and the Richmond Community Associations/Societies from any liability or responsibility for my child or children.**

Child(ren) Name(s): \_\_\_\_\_

Date of Birth(s): \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Date

