

## Walking Home Waiver Form

I approve of \_\_\_\_\_ walking home from  
Cowichan Community Centre Recreation / Sports Programs on the following dates:

**Please fill in the actual dates required.** For example: Monday, July 11

Monday \_\_\_\_\_  
Tuesday \_\_\_\_\_  
Wednesday \_\_\_\_\_  
Thursday \_\_\_\_\_  
Friday \_\_\_\_\_

As a parent or guardian, signing this form, I agree to indemnify and hold harmless the staff and members of the Cowichan Community Centre at the Cowichan Valley Regional District.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Parent / Guardian)

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