

**SCHOOL NAME HERE Presents**

**You are invited to an evening of healthy inspiration at SCHOOL NAME**

**Family Wellness Night**

* List activities here. E.G.:
* Fun and energetic Karate class
* Test your physical literacy with Activate Aurora
* Get energised with a Zumba class
* Get creative in our arts and crafts room
* Spin the Stress Wheel
* Hear about online safety from Officer Ron

**DATE**

**TIME at SCHOOL NAME.**Limited spots, please RSVP by **DATE**

Please contact [healthykids@windfallcentre.ca](mailto:healthykids@windfallcentre.ca) if you would like to volunteer for the night

* Meet St John’s Therapy Dogs
* Learn how to ride your bike safely
* Figure out screen time alternatives
* Please dress appropriately and bring your refillable water bottle to stay hydrated
* Raffle prizes!
* Children MUST be accompanied by an adult

Post this on your fridge!

Registration Form – Please detach and return to school office by **DATE**

**We would like to attend the Family Wellness Night**

Parent(s) Student(s)

Name of Student(s)

Phone Number

Parent Email \_\_\_

Allergies

**\*Please fill out the photo release on the reverse**

Please fill out the photo release on the reverse too

**Photo Release Form – SCHOOL NAME Wellness Night**

Dear Parents,

We are holding a Family Wellness Night for parents and children on DATE. We will be videoing/taking photographs at the event. Below is the consent form:

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,(parent/caregiver name) parent/caregiver of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(student name), of SCHOOL NAME in the Town of Aurora , in The Regional Municipality of York, hereby authorize SCHOOL NAME, its officers and servants, to take photographs or audio visual footage of my son/daughter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(student name) and parent (parent’s names) on the DATE, and to use such materials as SCHOOL NAME, its officers and servants, see fit, and I hereby release and forever discharge SCHOOL NAME, its officers and servants, collectively and individually, from all manner of actions, causes of action, debt, claims and demands of any kind or nature whatsoever which against SCHOOL NAME, its officers and servants, I ever had, now have, or shall, can or may have, directly or indirectly arising out of the taking or use of such photographs or audio visual footage.

WITNESS my hand and seal this \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_day of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2018.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Signature)

In the presence of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Witness signature)