



CONSENT

I, the undersigned parent/guardian of _____ (name of participant),
hereby:

1. Participation

Grant permission for my son/daughter to participate in the activities of the Retiree Adolescent Partnership Programme (RAPP), LEAD UP Vacation Programme 2026. Yes No

2. Medical Information

Confirm that, to the best of my knowledge, the participant does not have any medical condition(s) other than those disclosed in this application form. Yes No

3. Photography and Videography

Acknowledge and consent that Vacation Programme activities may involve photography and/or videography, and agree that the participant may be photographed, recorded, or filmed for programme-related purposes. Yes No

4. Liability and Indemnity

Accept that my child's participation in the programme is voluntary. I agree that RAPP, LEAD UP Vacation Programme, its staff, facilitators, or representatives shall not be held liable for any injury, loss, damage, or accident that may occur during activities, except where directly attributable to negligence on the part of RAPP, LEAD UP. I further agree to indemnify and hold harmless RAPP, LEAD UP and its representatives against any claims arising from my child's participation. Yes No

5. Declaration of Information

I Declare that the information provided in this application is true and correct to the best of my knowledge. I understand that if any information is found to be false, misleading, or incorrect, the application may be rejected, and I may be held liable for any resulting breach of the applicable laws of the Republic of Trinidad and Tobago. Yes No

Parent/Guardian's Full Name (Block Letters):

Surname: _____ First: _____ Other: _____

Signature: _____

Date (dd/mm/yyyy): _____

Contact Number: _____

