

Volunteer Waiver Form

Please return this form to the orientation meeting or prior to your shift on Canada Day in Belleville



Volunteer Name: _____

Volunteer Position: _____

Volunteer Phone Number: _____

Volunteer Address: _____

Date: _____

Waiver

In signing this release, I (we) understand the intent thereof, and I (we) hereby and absolve and hold harmless the Belleville Canada Day Committee, corporate sponsors, cooperating organizations and any other parties connected with this event in any way, singly or collectively, from and against any blame and liability from any injury, misadventure, harm, loss, inconvenience or damage hereby sustained as a result of participation in this Canada Day in Belleville event or any activities associated therewith. I (we) give full permission for use of my name and/or photograph in connection with this event. I also confirm that the information I have provided is correct. **Privacy Statement:** The Belleville Canada Day Committee is pleased to comply with the Federal Personal Information Protection and Electronic Documents Act, for the full Privacy Statement, please see the Belleville Canada Day website: www.bellevillecanadaday.com. For more information, please contact info@bellevillecanadaday.com.

Signature: _____

(If under 18*, signature of parent / guardian)

***If the volunteer is under 18 years of age, a parental consent form MUST be signed in order for them to participate as a volunteer. Please fill out the both sides of this form.**

EMERGENCY INFORMATION - Known Medical Conditions and /or Allergies:

Emergency Contact: _____

Please turn over for Parental Consent Form.

Parental Consent Form



For volunteers under the age of 18, please have parent or guardian fill in and sign this form.

Name (Volunteer) _____

Address _____

City _____

Postal Code _____

Telephone (h) _____ **(m)** _____

E-mail Address _____

I (parent or guardian) _____

give permission for (name of volunteer) _____

to volunteer for the Belleville Canada Day Committee for the following position(s):

Name of Parent/Guardian (please print): _____

Signature of parent/guardian: _____

Signature of volunteer: _____

Date: _____