

## Parental Consent, Waiver and Liability For Children Under 19

### PERSONAL INFORMATION:

Date: \_\_\_\_\_

Name of Child/Volunteer: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Emergency Contact Name : \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

The Salvation Army Gateway of Hope has provided an opportunity for your child to participate in a volunteer position at the Gateway of Hope facility in Langley, BC.

By signing this document, you affirm that you, the parent/guardian, understand that your child/dependent could be injured while participating in this volunteer position and that you are nonetheless allowing your child to participate. You are therefore releasing The Salvation Army from all liability for accidents, injuries, losses and damage that may occur in the course of your child participating at The Gateway of Hope no matter who or what causes those accidents, injuries, losses and/or damages.

If a parent/guardian is accompanying the child (this must be done for those under the age of 14) during the volunteer opportunity at Gateway of Hope, this parent/guardian agrees to keep the child by their side at all times, including bathroom breaks, while they volunteer at The Gateway of Hope. This includes anywhere in the building, parking lot or surrounding property of the Gateway of Hope. The parent/guardian also agrees to remove any misbehaving child from the premise as to not disturb regular operations.

### Waiver of Liability and Indemnity

I \_\_\_\_\_ (guardian/parent's name) agree and allow my child \_\_\_\_\_ (child's name) to be an active volunteer at The Salvation Army Gateway of Hope on my and his/her own initiative and at my Child's sole risk. The Salvation Army will not be required to compensate me or my Child for any harm or loss that he/she suffers as a result of him/her volunteering at The Gateway of Hope in Langley, B.C. My child relinquishes any right he/she has to claim compensation from The Salvation Army for any harm or loss suffered by him/her in connection with him/her participating as a volunteer at The Gateway of Hope in Langley, B.C. I agree to indemnify The Salvation Army and hold it harmless from and against any and all liability attributable to any personal injury, or loss or damage to property that is related to my Child as a volunteer no matter how it happens. Any reference to The Salvation Army in this document includes the Church, The Salvation Army Canada and Bermuda Territory, The Governing Council of The Salvation Army in Canada and all associated charities, divisions and

unincorporated associations as well as all officers, employees and volunteers of any of them.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

### Confidentiality

I and my child, the undersigned, do willingly promise to hold *in confidence* all matters that come to my attention during the volunteer position at The Salvation Army Gateway of Hope including materials about clients and matters regarding finance and any other material considered confidential. I and my child, will respect the privacy of the people whom I or my child serve and work with and will confer appropriately with those designated as my supervisors and or administrators. Further, I and my child will respect in a responsible and discretionary matter all information gained in the course of my volunteer time. I and my child understand that any breach of confidentiality on either my or my child's part may result in disciplinary action, including dismissal from my volunteer position.

\_\_\_\_\_  
Parent's Name \* Printed

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child's Name

### Media Release Form

I \_\_\_\_\_ give authorization to the Governing Council of The Salvation Army in Canada, The Salvation Army Canada and Bermuda Territory and all associated and related charities (collectively referred to throughout the remainder of this document as "The Salvation Army") to use photographs, video and audio footage of me or my child taken at The Salvation Army Gateway of Hope, or an event hosted by The Gateway of Hope to be used by The Salvation Army for any and all identification badges for volunteers, and/or marketing, public relations and promotional purposes, which they may, in their sole and absolute discretion, deem appropriate.

\_\_\_\_\_  
Parental Signature

\_\_\_\_\_  
Child's Name

#### Notes:

*All volunteers will go through an orientation process which again will cover information related to this document.*