



**VOLUNTEER DEVELOPMENT
PARENT/GUARDIAN WAIVER FORM**

****Must be signed by a Parent or Guardian for ALL volunteers younger than 18 years.**

Name of Child(ren)	Birthdate (mm/dd/year)

I, the undersigned, acknowledge and understand that: (a) each person, my child(ren) included, has a different capacity for participating in programs and their related activities such as the Corporation of the Town of Richmond Hill's ("Town") Volunteer Development Program (the "Program"); and (b) there may be inherent risks associated with participating in the Program, including all manners of injury, including loss of life, illness and property damage, risks associated with or contributed to by natural and manmade terrain, climatic conditions, limitations of their own physical condition; the failure of equipment and the carelessness of other participants and misjudgements on the part of Town staff or contractors.

In consideration of my child(ren) participating in the Program, I: (a) hereby give my permission for my child(ren) to participate in the Program; (b) willingly assume full responsibility, and any risks of injury, for my child(ren) in connection with my child's(ren's) participation in the Program; and (c) on behalf of my child(ren), my other heirs, next of kin, executors, administrators and assigns agree to waive all claims that I or my child(ren) may have in the future against the Town, its elected officials, directors, officers, employees, contractors, volunteers and agents (collectively the "Releasees"); (d) release and forever discharge the Releasees from all liability for any bodily and personal injury, death, property damage, or other loss and liabilities of whatsoever nature or kind arising out of or in any way connected with my child's(ren's) participation in the Program, including those that are foreseen and unforeseen, and those for negligence and breach of any statutory or other duty of care; (e) agree to indemnify and hold harmless the Releasees from any and all liability, loss, claims demands, costs and expenses, including legal fees, arising from my child's(ren's) participation in the Program; and (f) further agree not to make any claims or take any proceedings against any person or corporation who or which might claim contribution and indemnity or relief from the Releasees.

I confirm that I have had sufficient time to read and understand each item in this Waiver Form. I understand that by signing this document I am waiving certain legal rights.

Initials

Parent/Guardian Signature

Date (mm/dd/yyyy)

Print Name of Parent/Guardian

Witness Signature

Date (mm/dd/yyyy)

Print Name of Witness

Personal information on this form is collected under the authority of the Municipal Act, 2001, S.O. 2001, C.25, and will be used for the purpose of administering the Program. Inquiries regarding this collection should be directed to the Office of the Clerk at 905-771-8800.