

OTTAWA FIRE TRUCK PULL VOLUNTEER SERVICES PARENTAL PERMISSION FORM

Dear Parent or Guardian,

Epilepsy Ottawa appreciates your child's interest in volunteering for the Ottawa Fire Truck Pull and we appreciate your attention in this matter.

Please read and understand the following:

- I understand that Ottawa Fire Truck Pull volunteers must be at least 15 years of age before their first shift.
- I understand that individuals 15-17 years old wishing to volunteer for the Ottawa Fire Truck Pull must have a parent or legal guardian read, understand and complete this form. I understand that my child will not be allowed to complete shifts unless this form has been completed and returned to the volunteer coordinator before or when checking in for their first shift. No exceptions will be made.
- I understand and recognize that my child's participation as a volunteer at the Ottawa Fire Truck Pull involves potential risks. I hereby agree to accept such risks and waive any rights to make a claim against event organizers (Epilepsy Ottawa and the event committee) save and except in the case of the negligence of Epilepsy Ottawa. I hereby personally undertake to have my child act responsibly and in a safe manner at all times and hereby agree to indemnify Epilepsy Ottawa and all the event employees, volunteers and partners from any claims or damages caused as a result of my child's negligence while acting as a volunteer.
- I have reviewed the shifts my child has signed-up for and understand that they are required to complete these shifts as scheduled as per their volunteer agreement.
- I understand that all volunteers MUST attend the mandatory 2-hour training and orientation session scheduled for Saturday October 12, 2019 at 3pm in order to volunteer for the event.
- I understand that photography and videography will be utilized during this event. I grant permission to the organization to use my child's likeness, voice, and words in television, radio, film, or in any other form for volunteer recruitment or other festival publications

By completing the information below, I understand and agree to all comments noted above.

Volunteer's Name

Volunteer's Position

Parent/Guardian's Name

Parent/Guardian's Email

Parent/Guardian's Phone Number

Parent/Guardian's Signature

Date