



Volunteer Waiver Form

**** Please read and initial each area as requested to acknowledge your understanding ****

_____ I hereby waive and release all indemnities against Canada Day Orléans for any and all claims of negligence for injuries sustained or damage to property resulting from my volunteer activities at the Canada Day Orléans Celebration, Petrie Island on Tuesday, July 1, 2025.

_____ I understand and acknowledge that I am a volunteer, not an employee, and that I _____ will not receive any compensation from Canada Day Orléans.

ACKNOWLEDGEMENT OF PARTICIPANT

I have read this waiver of liability and indemnity agreement and acknowledge that I am signing the waiver freely and voluntarily and intend my signature to be a complete and unconditional release of all liability; and that I have attained the age of sixteen (16).

Signature of Volunteer (or Parent if under 16)

Name of Volunteer (Please Print)

Street

City

Province

Postal Code

Telephone #

Emergency #

Date