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## INFORMED CONSENT / PERMISSION FORM

**THIS FORM MUST BE READ AND SIGNED BY EVERY MINOR WISHING TO PARTICIPATE IN VOLUNTEER WORK FOR THE DISTRICT AND A PARENT OR LEGAL GUARDIAN OF THAT MINOR.**

**A MINOR IS A PERSON UNDER 19 YEARS OF AGE.**

### ELEMENTS OF RISK

I am aware that volunteer work for the District of Saanich may involve certain elements of risk. Injuries may occur while working, including; allergic reactions, cuts, abrasions, sprains, fractures, spinal injury and even death.

The risk of sustaining injury results from the nature of the activity itself, natural and manmade terrain, wildlife, plants, climatic conditions, the actions of third parties and the worker's own physical condition and actions. Injury can occur without any fault on the part of either the worker, the District of Saanich, its employees, consultants or other volunteers. By choosing to take part in this activity, you are accepting the risk that you/your child may be injured.

The chance of injury can be reduced by carefully following instructions and safe work practices at all times while engaged in the activity.

Event Location and Date: \_\_\_\_\_

### PARTICIPANT'S ACKNOWLEDGEMENT

I HAVE READ THE ABOVE AND THE VOLUNTEER SAFETY POLICY. I AGREE TO FOLLOW INSTRUCTIONS CAREFULLY AND EXERCISE SAFE WORK PRACTICES AT ALL TIMES.

Name of participant (please print): \_\_\_\_\_

Signature of participant: \_\_\_\_\_ Date: \_\_\_\_\_

### PARENT/GUARDIAN'S ACKNOWLEDGEMENT AND PERMISSION

I HAVE READ THE ABOVE AND HAVE BEEN PROVIDED OR OBTAINED SUFFICIENT INFORMATION TO MAKE AN INFORMED DECISION ABOUT MY CHILD'S VOLUNTEER WORK. I ACKNOWLEDGE THAT THE DISTRICT OF SAANICH PROVIDES LIMITED ACCIDENTAL DEATH, DISABILITY, DISMEMBERMENT OR MEDICAL EXPENSE INSURANCE FOR REGISTERED VOLUNTEERS AND THAT BY ALLOWING MY CHILD TO WORK AS A VOLUNTEER, I AM ASSUMING THE ASSOCIATED RISKS AND UNINSURED EXPENSES. I GIVE MY CHILD PERMISSION TO WORK AS A VOLUNTEER.

Name of Parent/Guardian (please print): \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Important health information: \_\_\_\_\_