

PARENT/GUARDIAN CONSENT AND RELEASE



Background information

- Child and Youth Friendly Calgary (CYFC), a registered charitable organization, offers volunteer opportunities to Calgary youth through various programs as described on our website www.cyfc.ca. We may also be contacted at:

820, 1202 Centre Street SE
 Calgary, Alberta T2G 5A5
 Phone: (403) 266-5448
 Fax: (403) 264-0266
 Email: friendly@cyfc.ca

- The youth volunteer described below ("Youth Volunteer") has completed an application to volunteer for one or more of CYFC's programs or activities and may volunteer for other activities or programs in the future.
- Your consent is required to allow such participation on an ongoing basis, however your consent may be withdrawn at any time on written notice delivered to CYFC.
- It is your responsibility to ensure that you are aware of your child's volunteer activities with CYFC. CYFC will not contact you about such activities but will provide information on request to you or any other authorized person as set out below.

Information about the Youth Volunteer and the Parent/Guardian/Other Authorized Person

Full Name of Youth Volunteer: _____

Date of Birth: ____ / ____ / ____ Email Address: _____
 Month Day Year

Name of parent/legal guardian/other authorized person: _____

Relationship to Youth Volunteer: _____
 (Must be Mother, Father, Legal Guardian or other authorized person)

Phone #s: (Home) _____ - _____ (Work) _____ - _____ (Cell) _____ - _____

Others who may receive information about the Youth Volunteer's activities:

Name: _____ Relationship to Youth Volunteer: _____

Phone #s: _____

Name: _____ Relationship to Youth Volunteer: _____

Phone #s: _____

Child and Youth Friendly Calgary is committed to advancing diversity through its Accessibility, Diversity and Inclusion Initiative. Through this initiative, we are able to provide support to ESL youth, youth with disabilities, Aboriginal youth and youth involved with the Youth Justice System to ensure they can get the full value of opportunities available to them.

Safety and risk factors

- CYFC strives to maintain a safe environment for volunteer activities and Youth Volunteers are to be provided with an orientation and training appropriate to the volunteer activity.
- Adults supervise the activities after the Youth Volunteer has arrived at the CYFC offices or other location for the volunteer activity, however supervision is not provided with respect to travel to or from any location and such travel does not form part of the volunteer activity or CYFC program unless otherwise advised in writing. Similarly, there is no assured supervision for youth volunteers waiting to be picked-up after the project. However, CYFC will request adult supervisors to stay with the youth as long as they can. The Youth Volunteer will be allowed to take public transit after the project if he or she chooses.
- Further information about safety and risk factors associated with volunteer opportunities is available on CYFC’s website under the link <http://www.cyfc.ca/involve/parents.htm> or can be obtained by calling CYFC at 403-266-5448. It is the responsibility of the parent/legal guardian/other authorized person to inform him or herself about such risk factors and to determine whether the Youth Volunteer will be permitted to participate in a particular activity or program.

Consent and release

In consideration of the Youth Volunteer being permitted to participate in the volunteer activity of program, the parent/legal guardian/other person authorized to provide consent in respect of the Youth Volunteer hereby:

- consents to participation by the Youth Volunteer in any program or activity of CYFC in which he or she chooses to volunteer and agrees on behalf of the Youth Volunteer to assume all risks associated with such activities or programs;
- releases CYFC, and its directors, officers, employees, agents, contractors and other volunteers from any damage to property, personal injury or death, action, claim, cost, expense or liability whatsoever that they or the Youth Volunteer have, have had or may have arising out of or occurring in connection with the Youth Volunteer’s participation in any program or activity of CYFC; and
- agrees to indemnify and save harmless CYFC, and its directors, officers, employees, agents, contractors and other volunteers from any damage to property, personal injury or death, action, claim, cost, expense or liability whatsoever that any other person has, has had or may have against them arising out of or occurring in connection with the Youth Volunteer’s participation in any program or activity of CYFC.

Medical information (This information is confidential. Collection, use and disclosure of this information will be for the purpose of ensuring the safety of the participant and CYFC staff.)

Allergies or other pertinent medical conditions that may be barriers to the Youth Volunteer’s participation in certain activities:

Family Physician: _____ Phone #: _____

Medical care authorization

At any time due to such circumstances as accidents or sudden illness, I hereby give permission for emergency medical treatment to be obtained for the Youth Volunteer. I understand that a representative of CYFC will attempt to contact me prior to leaving the project/activity site, or upon arriving at the emergency destination, and that I will be responsible for any and all related expenses incurred, including ambulance or taxi costs.

Image release

The parent/legal guardian/other person authorized to provide consent in respect of the Youth Volunteer hereby consents to the use in any of CYFC and/or CYFC’s partner’s publications of the Youth Volunteer’s image if contained in any photographs or other media created during CYFC’s programs or activities.

Do not sign this document unless you understand what you are signing. CYFC can assist you to find help to understand this document if necessary, including assistance with translation into another language.

لا توقع على هذه الاستمارة ما لم تكن فاهماً تماماً على ماذا توقع. بإمكان هيئة مدينة كالغري الصديقة للأطفال والشباب توفير سبل المساعدة لكم لفهم هذه الوثيقة إذا اقتضى الأمر بما في ذلك ترجمتها إلى لغتكم الأم.

请确定你了解文件内容后，才签署这份表格。如有需要，CYFC 可安排专人协助你阅读这份文件，也可为你提供翻译服务。

請確定你了解文件內容後，才簽署這份表格。如有需要，CYFC 可安排專人協助你閱讀這份文件，也可為你提供翻譯服務。

Firme este formulario únicamente si entiende lo que está firmando. Si es necesario, CYFC lo/la asistirá a encontrar ayuda para entender este documento, incluyendo la asistencia con la traducción en otro idioma.

Đừng ký vào mẫu này trừ phi hiểu việc gì mình đang ký. CYFC có thể giúp bạn hiểu tài liệu này nếu cần, kể cả giúp đỡ dịch tài liệu qua một ngôn ngữ khác.

The terms of the above Consent and Release, Medical Care Authorization and the Image Release are hereby agreed to this ____ day of _____, 20___. I confirm that I have read and understood the above terms and that I have the authority to sign this document in respect of the youth volunteer.

Signature of Parent, Legal Guardian
or other Authorized Person

Witness
[please print name below]