



Minor Volunteer Waiver

(To be completed by all volunteers under the age of 18 and parent/guardian)

I have read and completed this application in its entirety. I agree to fulfill training requirements and volunteer responsibilities to the best of my abilities. If for any reason I am unable to carry out my responsibilities while volunteering for the Kids Cancer Care Foundation of Alberta (KCCFA), I will notify the manager of volunteers prior to the event.

Volunteer Signature

Date

Parent/Guardian

In order to become a part of the Kids Cancer Care Foundation of Alberta (KCCFA) team, and to participate in KCCFA projects and activities, youth volunteers must have your written permission. Please fill out the information below, sign and return it to the KCCFA office. Thank you for your help.

Medical Care Authorization- I understand that in case of a medical or surgical emergency reasonable efforts will be made to contact me for permission for treatment. In the event that I cannot be reached, I hereby give my permission to the authorized person in charge of the activities to secure treatment for and to authorize hospitalization, injections, anaesthesia, or surgery as necessary for my child's emergency care. I understand the expenses for such emergency treatment remain my responsibility and I agree to pay the same.

Disclaimer- I understand that adult supervisors who may accompany my child may be volunteers and that the projects or activities will involve the normal level of risk associated with such a project or activity. I waive any rights, claims of responsibility or liability, or cause of action resulting from personal injury to my child in the KCCFA program(s), and will indemnify KCCFA and its employees, volunteers and representatives from any such claims. I further waive any and all claims against KCCFA that the my child or I have or may have in the future, on my own behalf or on behalf of my child as a result of the participate of my child in the Volunteer program.

Parent's Responsibility- I will inform the manager of volunteers of any particular physical, mental, social, or other condition of my child of which the Volunteer Manager should be aware.

Birth Date: _____
dd/mm/yy

Height: _____

Weight: _____

AB Health Care Number: _____

Year of last immunization or booster for tetanus: _____

Have you had chicken pox? _____ When? _____

Please list any know allergies that you may have and your reaction:

Emergency Contact:

1) Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Alt. Phone: _____

2) Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Alt. Phone: _____

I HAVE READ AND UNDERSTOOD THIS CONSENT AND I AM AWARE THAT BY SIGNING IT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I, THE APPLICANT AND OUR HEIRS, NEXT OF KIN, EXECUTORS OF ADMINISTRATORS MAY HAVE.

Executed this _____ day of _____, _____

Signature of Parent/Guardian

Witness' Signature

Print Parent/Guardian Name

Print Witness' Name