



Southwestern Ontario YFC/Youth Unlimited

4 - 94 Graham Street, Woodstock, Ontario N4S 6J7
Phone: (519) 537-5219 E-mail: admin@swoyfc.com

"We see the hope and potential in every young person".

Authorization & Release of Liability &/Or
Release of Material for Promotional Use
[store forms in a locked cabinet permanently]

Date: Nov 24/2017 Satellite: North Perth

Student: _____ Home Phone: _____

Destination/Activity: Operation Christmas Child Guelph Location

Date of departure: November 24/17 Place & Time of departure: 245pm

Date of return: November 24/17 Place & Time of return: 830pm

Supervision: Impact Leaders

Mode of Transportation: Bus

Special Requirements (i.e. clothing, food): Cost - \$15 (+ money for fast-food dinner)

Health Card Number (optional): _____

Doctor's Name: _____ Doctor's Phone: _____

Please list any medical conditions that should be known (medication, allergies etc...) _____

Emergency contact: _____ Relation to student: _____

Home Phone: _____ Work Phone: _____

I/We authorize the administration of any first aid treatment necessary, and in the case of medical emergency, give permission to the Physician selected by the supervisors to hospitalize and secure proper treatment for my child as named above. Every effort will be made to contact parents or guardians before such action.

I/We acknowledge that it is my responsibility to take the necessary steps for insuring against personal injury, property damage, or any loss by my child or by self. I also acknowledge that I must assume total responsibility for ALL medical coverage, accidental insurance and personal injury, or any other loss or damage. I will also pay for the cost to have my child sent home if he/she is unwilling to comply with the rules.

For valuable consideration, the receipt of which is hereby acknowledged, the undersigned hereby releases and forever discharges Southwestern Ontario Youth for Christ, its trustees, directors, corporation members, servants, agents, volunteers and employees from any and all actions, causes of actions, claims and demands whatsoever whether existing as of this date or in the future.

I/We agree to permit reasonable use of photos, videos, written materials or other pictures of applicant student in promoting Southwestern Ontario Youth for Christ and their activities and programs.

I acknowledge that I have read and understand the foregoing prior to signing this Authorization & Release of Liability and/or Release of Material for Promotional Use

Date: _____
Parent/Guardian/ Signature

Date: _____
Student Signature

**** Participants under 18 years of age require the signature of Parent or Guardian ****



SHORT-TERM VOLUNTEER RELEASE FORM

Please Print Clearly:

First Name:	_____	Last Name:	_____
Street Address:	_____		
City/Town:	_____	Prov:	_____
		Postal Code:	_____
Phone:	_____		
Emergency Contact Name:	_____		
Emergency Contact Phone Number:	_____		
Age Category (please circle)	14-17 years	18+years	

In consideration of my desire or the desire of the minor child named above (the "Volunteer") to volunteer, the Volunteer's services to Samaritan's Purse Canada ("Samaritan's Purse") and the Volunteer's desire to participate without mutual threat of legal exposure for some unintended but unfortunate result caused by some action, inaction or decision, the undersigned acknowledges, understands and agrees:

- Participation in Samaritan's Purse activities is as a volunteer, not as an employee
- Volunteer voluntarily assumes all risks and liabilities that may result from participation in Samaritan's Purse activities. Volunteer releases, forever discharges, and holds harmless Samaritan's Purse, its employees, representatives, affiliates and agents from any and all causes of action, claims, demands and/or liabilities arising out of injuries to or damage sustained by Volunteer
- Volunteer agrees to indemnify Samaritan's Purse against any and all liability or loss, and against all claims or action arising out of damage or injury to any person or property caused by Volunteer in any way connected with the Volunteer's participation in Samaritan's Purse' activities.
- Volunteer recognizes that Samaritan's Purse and or its authorized third parties may photograph, record video and or take statements from Volunteer while participating in Samaritan's Purse activities, all of which may be used to promote Samaritan's Purse programs through promotional products, including but not limited to DVDs, displays, pamphlets, and presentation. All images and videos will be stored until used in the Samaritan's Purse image bank. Volunteer hereby authorizes the taking of such photographs, video or statements and releases Samaritan's Purse and its authorized third parties from any claims associated with the use, publishing, display, exhibition, modification, adaptation or copying of such photographs, video and/or statements. Should Volunteer wish to have their likeness removed from Samaritan's Purse image bank, they can contact Samaritan's Purse at info@samaritan.ca
- Volunteer recognizes that all activity within the warehouse is under video surveillance to ensure safety and security for all staff and volunteers and to provide additional accountability to our donors and releases Samaritan's Purse from any claim related thereto.

Volunteer Signature

Date

Parent/Guardian's Signature
(For youth aged 14 years – 17 years)

Parent/Guardian's Name (Print)

Date