



## VOLUNTEER WAIVER FORM

### FOR UNDER 18 YEARS OF AGE:

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I \_\_\_\_\_ (Print full name) am under 18 years of age.

I wish to serve as a volunteer for the Nelson Committee on Homelessness (NCOH) 2019 COMMUNITY CONNECT DAY.

I acknowledge that I understand that there may be risks associated with participation in the 2019 Community Connect Day and, in return for being permitted to participate therein, I accept them and agree to participate at my own risk.

In further consideration of being permitted to participate as a volunteer in the 2019 COMMUNITY CONNECT DAY we agree as follows:

1. *I will immediately report*

- to the RECEPTION TABLE in the Gym on **Saturday, November 23<sup>rd</sup>, 2019** or
- to Rebecca Martin (in a day glow vest) in the Gym on **Friday, November 22<sup>nd</sup>**

**any injury or loss** personally suffered or experienced during their 2019 COMMUNITY CONNECT DAY volunteer activities;

2. Without any further consideration or compensation of any kind to me or my guardian(s), **NCOH's COMMUNITY CONNECT DAY 2019 may take photographs of me and make other forms of recordings** containing images and/or sounds **of me participating in the 2019 COMMUNITY CONNECT DAY and may make use of and publish all such photos and recordings** in any way it may wish, for non-commercial purposes, in recording or publishing information about or publicizing Community Connect Day;

Guardian's Initials:

Volunteer's Initials:

3. I hereby release *Nelson CARES, the Nelson Committee on Homelessness and all participating and member organizations, and any individual, corporation, association, institution or organization that is associated with the 2019 Community Connect Day as an organizer, promoter, participating survey or headquarter location, sponsor or advertiser and their respective agents, officials, officers and employees of all aforesaid* from any loss, injury, damage or expense that I may suffer, incur or experience in connections with my participation in the 2019 Community Connect Day.

**I have read and fully understand the entire contents of this document.**

VOLUNTEER'S NAME (Print) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_  
                    Home                                      Work                                      Cell

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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I, \_\_\_\_\_ (print full name) am the Legal Guardian of  
\_\_\_\_\_ (print full name) who is \_\_\_\_\_ years old  
and who wishes to serve as a volunteer for the Nelson Committee on Homelessness's 2019  
COMMUNITY CONNECT DAY.

As guardian for the minor, above, I acknowledge that I understand that there may be risks associated with participation in the 2019 Community Connect Day and, in return for being permitted to participate therein,

I accept these risks and agree that \_\_\_\_\_ (minor's name) (print full name) may participate at his/her own risk.

**I have read and fully understand the entire contents of this document.**

GUARDIAN'S NAME (Print) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_  
                    Home                                      Work                                      Cell

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



## PHOTO RELEASE FORM

I, \_\_\_\_\_ agree

(PRINT FULL NAME)

that NCOH's COMMUNITY CONNECT DAY 2019 may take photographs of me and make other forms of recordings containing images and/or sounds of me participating in the 2019 COMMUNITY CONNECT DAY and may make use of and publish all such photos and recordings in any way it may wish, for non-commercial purposes, in recording or publishing information about or publicizing Community Connect Day, without any further consideration or compensation of any kind to me.

PHOTO SUBJECT'S **NAME** (Print)

\_\_\_\_\_

### CONTACT INFORMATION:

Email \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_