

VOLUNTEER WAIVER FORM

The Corporation of the Town of Whitby
575 Rossland Road East, Whitby, ON L1N 2M8
T: 905-655-2010 | E: gualtierim@whitby.ca | whitby.ca



Note: Volunteers must be a **minimum of fourteen (14) years of age** at the start of the volunteer activity. Volunteers aged 14 to 18 must have consent of a parent/legal guardian.

Volunteer Information	
Last Name:	
First Name:	
Address:	
City/Town:	Postal Code:
Home Phone:	Cell Phone:
Email Address:	
Preferred Pronouns (she/her, he/him, they/them, etc.)	

Emergency Contact Information	
Last Name:	
First Name:	
Address:	
City/Town:	Postal Code:
Home Phone:	Cell Phone:
Email Address:	Relation:

Event/Program Details
Name of Event/Program:
Location:
Date:
Rainout Date:

Assumption of Risks

I, and/or my parent/guardian (collectively the “Volunteer”), acknowledge(s) that the Volunteer is physically and medically fit to participate and voluntarily assumes any risk of injury or damage in connection with volunteering with The Corporation of the Town of Whitby (the “Town”). The event may present various elements of risk and may be unsupervised. The Volunteer agrees to take appropriate safety precautions to ensure their own safety.

The Volunteer acknowledges they will provide services to the Town on a volunteer basis and will not perform in any supervisory capacity or operate any machinery or equipment. The Volunteer understands that Volunteer services will be rendered without payment and they will not be entitled to any benefits normally provided by the Town. The Volunteer understands they are responsible for providing their own health insurance.

Consent to Medical Treatment

The Volunteer hereby gives their permission for the Town to provide or arrange for such first aid or other medical treatment or care, including but not limited to transportation to hospital, as such employee may consider necessary or advisable. The Volunteer understands that all costs related to such actions shall be the Volunteer’s responsibility and the Volunteer agrees to pay for and/or reimburse the Town for whatever costs that are incurred.

COVID-19

Engaging in group activities and events presents various risks, including the risk of exposure to COVID-19. The Volunteer assumes any and all risks associated with exposure to COVID-19, which risks include, but are not limited to, the risk of personal injury, illness, and death, which the Volunteer may be exposed to by participating in this event. The Volunteer declares they are participating in the above-noted event/program voluntarily and acknowledges they may be subject to screening for COVID-19 prior to admittance into the event.

The Volunteer understands they will not be allowed to participate if:

- a. they have tested positive for COVID-19 and have not been deemed by health authorities to have recovered from COVID-19; or,
- b. they are sick with any illness or have any symptoms associated with COVID-19.

The Volunteer agrees to comply with all applicable Provincial Orders, Provincial and Regional Public Health directives and guidelines, and Town policies and procedures related to COVID-19.

Photo Waiver

The Volunteer acknowledges that the Town may take photos and audio and/or visual records may be made. The Volunteer irrevocably agrees that the Town, its successors, assigns and licensees may use these photographs/ videos, if so desired, in any and all media of any nature whatsoever, whether now known or hereafter devised, for the purpose of promoting and advertising the Town and its programs, without the payment of compensation. The Volunteer acknowledges and agrees that the Town shall own all rights to all photographs/ videos of the Volunteer made by it, its employees and representatives, at any time or times before or after the date hereof.

Authorization, Release, Waiver and Indemnification:

- I hereby request, authorize and empower The Corporation of the Town of Whitby, including its staff, to administer or supervise the administration of medication as described herein to the Participant named above.
- I, myself, and on behalf of my heirs, executors, administrators, successors and assigns, do hereby release and forever discharge, waive and safe harmless, defend, protect and keep indemnified The Corporation of the Town of Whitby and all of its respective agents, elected or appointed officials, employees and representatives, from and against all actions, claims, costs, expenses and demands in respect of death, injury, or any loss sustained by any person, however caused, arising out of the administration of the medication or treatment described herein.

Acknowledgement: I acknowledge that I am at least eighteen (18) years of age and have CAREFULLY READ, UNDERSTOOD, AND WILL ABIDE by The Corporation of the Town of Whitby’s Public Code of Conduct, Privacy Policy, and Terms of the activity(ies)/ program(s)/ event(s) including the Program Registration Form. If you do not understand the content of the Waiver, or this acknowledgement, please contact the Community Services Department at 905-666-1991 for assistance.

Signature:	Print Name:
Parent/Guardian Signature (if under 18):	
Date: (dd/mm/yyyy)	

Personal Information: The Participant understands that personal information collected on this form is collected under the authority of the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. M.56 and will be used for the purpose of program registration, payment, aggregate statistical reporting and allocation of staff resources. Questions of this collection should be address The Corporation of the Town of Whitby, Records Manager, 575 Rossland Road East, Whitby, ON L1N 2M8.