



GATEWAY OF HOPE

5787 Langley Bypass | Langley | BC | V3A 0A9

Phone: 604.514.7375

www.gatewayofhope.ca

DATE: _____

Parents NAME: _____ Childs Name: _____ Age: _____

Email Address: _____ Phone Number: _____

Emergency Contact: _____

PARENTAL CONSENT & WAIVER OF LIABILITY FOR CHILDREN UNDER 19 FORM

The Salvation Army Gateway of Hope has provided an opportunity for your child to participate in a volunteer position at the Gateway of Hope facility in Langley, B.C.

By signing this document, you affirm that you, the parent/guardian, understand that your child/dependent could be injured while participating in this volunteer position and that you are nonetheless allowing your Child to participate. You are therefore releasing The Salvation Army from all liability for accidents, injuries, losses and damage that may occur in the course of your Child participating at the Gateway of Hope no matter who or what causes those accidents, injuries, losses and/or damages.

If a parent/guardian is accompanying the child (under the age of 14) during the volunteer opportunity at Gateway of Hope, this parent/guardian agrees to keep the child by their side at all times, including bathroom breaks, while they volunteer at Gateway of Hope. This includes anywhere in the building, in the parking lot, or property surrounding the Gateway of Hope. The parent/guardian also agrees to remove any misbehaving child from the premise as to not disturb regular operations.

Waiver of Liability and Indemnity

1. I, _____ [please print clearly], agree and allow my child _____ [please print child's name clearly], to be an active volunteer at The Salvation Army Gateway of Hope on my and his/her own initiative and at my Child's sole risk.
2. The Salvation Army will not be required to compensate me or my Child for any harm or loss that he/she suffers as a result of him/her volunteering at The Gateway of Hope in Langley, B.C.
3. My Child relinquishes any right he/she has to claim compensation from The Salvation Army for any harm or loss suffered by him/her in connection with him/her participating as a volunteer at The Gateway of Hope in Langley, B.C.

CONFIDENTIAL

4. I agree to indemnify The Salvation Army and hold it harmless from and against any and all liability attributable to any personal injury, or loss or damage to property that is related to my Child as a volunteer no matter how it happens.

5. Any reference to The Salvation Army in this document includes the Church, The Salvation Army Canada and Bermuda Territory, The Governing Council of The Salvation Army in Canada, and all associated charities, divisions and unincorporated associations, as well as all officers, employees and volunteers of any of them.

6. I fully understand and agree to the terms set out in this document and I sign it voluntarily.

Parents Signature:

Witness:

Date:

Date: