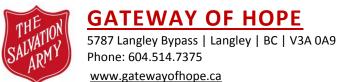
CONFIDENTIAL



Phone: 604.514.7375 www.gatewayofhope.ca	DATE:	
Parents NAME:	Childs Name:	Age:
Email Address:	Phone Number:	
Emergency Contact:		
PARENTAL CONSENT & WAIVER OF L	IABILITY FOR CHILDREN UNDER 19	FORM
The Salvation Army Gateway of Hope in a volunteer position at the Gateway		our child to participate
By signing this document, you affirm to child/dependent could be injured whit nonetheless allowing your Child to pastrom all liability for accidents, injuries Child participating at the Gateway of linjuries, losses and/or damages.	le participating in this volunteer porticipate. You are therefore release, losses and damage that may occu	osition and that you are ing The Salvation Army ir in the course of your
If a parent/guardian is accompanying opportunity at Gateway of Hope, this all times, including bathroom breaks, anywhere in the building, in the parkiparent/guardian also agrees to removed disturb regular operations.	parent/guardian agrees to keep th while they volunteer at Gateway o ng lot, or property surrounding the	e child by their side at f Hope. This includes Gateway of Hope. The
Waiver of Liability and Indemnity		
1. I,	[please print clearly], agree [please print child's name clearly ny Gateway of Hope on my and his	y], to be an active
2 The Salvation Army will not be	required to compensate me or my	Child for any harm or

- 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:	
Tarento o gracare.	With Cook	
Date:	 Date:	