



Consent Form for Volunteering at the Prince Albert 2014 Winter Games

Date: _____ (DD/MM/YYYY)

Child's name: _____

*First Name

*Last Name

Child's date of birth: _____ (DD/MM/YYYY) Age: _____

Parent/Guardian's name: _____

*First Name

*Last Name

Nature of Relationship: _____

I, being the parent/guardian of the student indicated above, authorize my child to participate in the volunteer activities of the Prince Albert 2014 Saskatchewan Winter Games. I understand that he/she will be given the proper orientation and training necessary for the duties he/she will be performing and that he/she will be expected to meet all the requirements of their position. I understand that he/she will not receive monetary compensation for the services they have contributed.

I release the Prince Albert 2014 Saskatchewan Winter Games from any liabilities related to or arising from my son/daughter's service as a volunteer. I also agree that I will assume all costs and expenses (including medical care costs) associated with any injury related to or arising from my son/daughter's service as a volunteer.

I have read, understand, and accept these terms.

Child's Signature: _____

Parent/Guardian's Signature: _____

*Please note that the Prince Albert 2014 Saskatchewan Winter Games Council asks that all children 10 to 12 years old volunteer with a parent.