



Hospice Waterloo Region  
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Waterloo, ON Canada N2K 0G3  
Telephone: 519.743.4114  
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PARENT / GUARDIAN WAIVER AND CONSENT FORM  
For YOUTH VOLUNTEERS under 18 years of age

**PLEASE READ THE FOLLOWING VERY CAREFULLY AS IT AFFECTS YOUR LEGAL RIGHTS.**

I, \_\_\_\_\_ have given permission for my child \_\_\_\_\_ to participate in volunteer activities with the Hospice Waterloo Region beginning on \_\_\_\_\_.

In consideration of Hospice Waterloo Region allowing my child to participate in such activities, I fully understand and agree to the following:

1. My child will not be participating in volunteer activities in the capacity of a Hospice Waterloo Region employee or independent contractor.
2. No pay, payment, salary, wage or employee benefits (such as accident/ disability/ medical/ dental or other insurance coverage) whatsoever will be paid to my child and my child will not be covered by Workplace and Safety Insurance Board coverage.
3. I acknowledge that performing volunteer activities may involve certain elements of risk or the chance of an accident and I hereby release the Hospice Waterloo Region and its elected officials, officers, employees and agents and their respective successors, assigns, heirs, and executors from all claims for loss, damage, or injury, except for that which is caused solely by the negligence of Hospice Waterloo Region, its employees, or its agents.
4. My child will abide by all applicable Hospice Waterloo Region policies and rules, as may be amended from time to time, and will follow all instructions of the appropriate Hospice Waterloo Region management staff person in carrying out the volunteer activities.
5. My child will not use facilities, equipment and property owned by Hospice Waterloo Region without the approval of a Hospice Waterloo Region management staff person.
6. My child will not use facilities, equipment, and property owned by the Hospice Waterloo Region for personal purposes.
7. I will immediately notify the appropriate Hospice Waterloo Region supervisor of any incident that involves property damage or personal injury during my child's volunteer duties.
8. Either the Hospice Waterloo Region or myself may terminate my child's volunteer activities at any time.

**By signing this form:**

- I acknowledge that I have read and understood the preceding conditions, release, and waiver; and
- I agree to the preceding conditions, release, and waiver.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Parent / Guardian of Volunteer***

**NOTE:** This form must be completed and signed by the volunteer's parent or guardian **before** being accepted by the Hospice Waterloo Region for volunteer activities. The original is to be retained by the supervisor a copy given to the volunteer.