



## Informed Consent/Permission Form for Volunteer Activities

**THIS FORM MUST BE READ AND SIGNED BY EVERY INDIVIDUAL WHO WISHES TO PARTICIPATE AND/OR BY A PARENT OR GUARDIAN OF A PARTICIPATING VOLUNTEER UNDER 18 YEARS OF AGE**

\_\_\_\_\_ is arranging  
(name of school)

\_\_\_\_\_   
(description of activity, date(s) and location(s) of activity)

### ELEMENTS OF RISK:

\_\_\_\_\_   
(description of activity)

involves certain elements of risk. Injuries may occur while participating in these activities. The following list includes, but is not limited to, examples of the types of injury which may result from participating in this activity:

- |          |          |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

The risk of sustaining these types of injuries may result from the nature of the activity and can occur without any fault of either the volunteer, or the school board, its employees/agents or the facility where the activity is taking place. By choosing to take part in this activity, you are accepting the risk that you/your child may be injured and in signing this document you release the Hamilton-Wentworth District School Board from all liability or responsibility associated with the stated activity. The chance of an injury occurring can be reduced by carefully following instructions at all times while engaged in the activity. If you choose to participate in this activity, you understand that you bear full responsibility for any injury that might occur.

If this activity requires you to use your vehicle, or if you voluntarily use your vehicle in the course of the above activity, you represent to the Hamilton-Wentworth District School Board that you have lawful use of the vehicle, you are lawfully licensed to use the vehicle and you have all required insurance in place.

If this activity requires you to come into contact with any student of the Hamilton-Wentworth District School Board or you are required to access any operational school site, you have attached to this document a current Vulnerable Sector Screening certificate as required by Hamilton-Wentworth District School Board policies.

*The Hamilton-Wentworth District School Board does NOT provide WSIB, accidental death, disability, dismemberment or medical expense insurance on behalf of individuals participating in this activity. Student Accident Insurance coverage is available and may be purchased through the current carrier, Reliable Life at 1-800-463-KIDS (5437) or ON-LINE at [www.insuremykids.com](http://www.insuremykids.com)*

### ACKNOWLEDGEMENT:

WE HAVE READ THE ABOVE. I/WE UNDERSTAND THAT IN PARTICIPATING IN THE ACTIVITY DESCRIBED ABOVE, I/WE ARE ASSUMING ALL RISKS ASSOCIATED WITH DOING SO.

Signature of Student (if over 18): \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian/Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

### PERMISSION:

I, \_\_\_\_\_ give \_\_\_\_\_ permission to  
(name of Parent/Guardian) (name of student)

participate in the \_\_\_\_\_ to be held on \_\_\_\_\_  
(description of activity) (date)

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_