

Food Banks Mississauga Minor Volunteer Waiver

I hereby certify that I am the adult parent or guardian of _____, (print full name) who is a minor child under the age of eighteen (18) years. I hereby agree to accept on my child's behalf, a position as a volunteer for Food Banks Mississauga.

In so doing, on my/our own behalf and on behalf of my/our heirs, executors, estate trustees with or without a Will, administrators, next of kin, successors and assigns, I execute this Release in favour of Food Banks Mississauga, all its directors, officers, employees, agents, servants, contractors, elected, and appointed officials, sanctioning bodies, all persons for whom it is responsible at law and its successors and assigns in consideration of the voluntary participation in Food Banks Mississauga events.

At all times, the privacy and dignity of clients, donors, volunteers and staff will be respected and the mission, vision and values of Food Banks Mississauga will be followed in accordance with Food Banks Mississauga policies, standards, and guidelines.

Collection of Personal Information

I consent to Food Banks Mississauga collecting and using my child's information, including but not limited to name, address, telephone number, email address, age, medical information (if I require medical accommodations in my volunteer role or activities), and other information which can identify my child. I understand that Food Banks Mississauga requires this information in order to open and maintain an active volunteer file for my child.

I understand Food Banks Mississauga will not use this information other than communicating to me/my child regarding my child's volunteering or support of Food Banks Mississauga and in administering the volunteering relationship.

Confidentiality

I agree to hold strictly confidential any information my child obtains in the performance of their volunteer duties relating to clients, donors, agencies, workplace accounts, and any other information about Food Banks Mississauga that is identified as confidential. Sharing information between volunteers and staff will be done on a need to know basis in order for staff and volunteers to fulfill their responsibilities.

Information relating to clients, donors, workplace accounts, and agencies shall not be related to any individual or agency outside of Food Banks Mississauga unless explicitly requested by Food Banks Mississauga staff.

When in doubt as to the confidentiality of certain information, no disclosure should occur without confirming with Food Banks Mississauga staff that such disclosure has been Authorized.

Photography

I grant Food Banks Mississauga permission to use any photographs or videotape images of my child taken in the course of my involvement, and to use my child's name, image, comment(s) and information regarding their volunteer role, activities, affiliation and city of residence for Food Banks Mississauga's purposes in any media and territory in perpetuity.

Medical Treatment

In the event of injury or illness while I am under the supervision of Food Banks Mississauga, I consent (if I am unable to provide consent or deny consent myself at the time that a decision must be made) to receive, or to have my child or ward who is under the supervision of Food Banks Mississauga receive, first aid and/or any further medical attention that potentially may be required to the extent determined by, and at the discretion of Food Banks Mississauga staff, emergency medical services, and licensed medical professionals.

Liability

I waive and release any and all claims for myself, my child, my heirs, executors and administrators against Food Banks Mississauga and any other sponsor or organization involved, from any and all claims or liability for death, personal injury or property damage of any kind however caused, including any claim or liability arising from the negligence of the Food Banks Mississauga, its agents, servants, or employees and of any person on site, arising out of, or in the course of, my participation as a volunteer for which I choose to participate. This Release of Waiver extends to all claims, foreseen or unforeseen, known or unknown.

I declare that I am at least 18 years of age and all the information provided on this application form and in any other accompanying documents are complete and true in every respect.

I agree that this Release shall be governed by the laws of Ontario.

I agree that if any portion of this Release is held invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue in full legal force and effect.

I agree that this document constitutes the entire agreement between me and Food Banks Mississauga relating to its subject matter and that no oral representations have been made which would in any way affect or detract from the enforceability of this Release on its terms as written.

Parent/Guardian Name/Parent/Guardian Signature

Date: _____

Group/Team name (who are you volunteering with): _____