

YOUTH VOLUNTEER PARTICIPANT (MINOR) INFORMATION: (PLEASE PRINT CLEARLY)

LAST NAME:	FIRST NAME:	
ADDRESS	HOME PHONE #:	
	CELL PHONE #:	
EMAIL:	PARTICIPANT AGE:	(min. 13 years)
EMERGENCY CONTACT NAME:		
RELATION TO VOLUNTEER:	CONTACT NUMBER:	

ATTENTION PARENTS AND LEGAL GUARDIANS:

Please read the TERMS AND CONDITIONS and VOLUNTEER RELEASE statements below. Signed acknowledgement and agreement to these terms is required for volunteer participation.

Volunteer placement terms and conditions:

I, the minor's legal paren	t or guardian, In consideration	for(minor's
name) to enter a volunteer program at		(location), from (start
date)	to (end date)	in the position of
, fully understand and agree to the following terms and conditions:		

- Volunteer program participants will not receive remuneration, salary, wage or any other employee benefit whatsoever, or be covered by Workplace Safety & Insurance Board benefits.
- That except as authorized, volunteer participants will not use Grand River Conservation Authority facilities or equipment or divulge or make use of any confidential information.
- If a volunteer participant wishes to terminate his or her service, or if the Grand River Conservation Authority no longer has need of this service, then as much notice as possible will be given by either party, and in writing if possible.
- The GRCA Volunteer Program is subject to all Conservation Area rules and regulations, the GRCA's safety standards and other applicable policies.
- Volunteer Participants are required to attend site orientations and safety talks before the start of any planned activity or volunteer work.
- Volunteer Participants have the right to refuse work they believe to be unsafe.
- GRCA, solely or in partnership, agrees to provide volunteers, as much as possible, with a safe and accommodating volunteer work environment. The GRCA will provide volunteers with a site orientation, health and safety overviews, appropriate training or instruction, and appropriate safety equipment.
- Volunteer Participants are required to provide a minimum standard of safety equipment for themselves, including, but not limited to: appropriate clothing and footwear, sun hat, sun screen, bug repellent or other items required for being in the out-of-doors for an extended period.
- Volunteer Participants agree to report all personal injuries or property damage, no matter how slight, to the volunteer supervisor.



GRCA Volunteer Program Volunteer Placement (Youth, Ages 13-17)

Informed Consent Agreement, Liability Waiver & Assumption of Risk

Volunteer release, assumption of risk, waiver of liability, indemnity and consent to medical treatment

I, the minor's parent or legal guardian, execute this release on behalf of the volunteer participant in favour of the Grand River Conservation Authority (GRCA), its subsidiaries and affiliates and each of its respective officers, directors, employees and agents (herein after collectively known as the "Released Parties").

Assumption of Risk: Participation GRCA's volunteer program involves various risks including, but not limited to: inclement weather, physical labour, hand-tool use and walking over rough terrain in water or watercourses. I hereby acknowledge, understand and freely assume all such risks including the possibility of minor personal injury; serious personal injury; death; property loss; or, property damage resulting from the minor's participation in GRCA's volunteer program.

Consent to Medical Treatment: I hereby give permission to the Released Parties, or any one or more of them, to arrange for any first aid or emergency medical care for the minor including hospitalization and transportation if necessary, while participating GRCA's volunteer program. This authorization does not require a prior determination of a threat or danger of serious permanent injury. I take full responsibility for this authorization and agree to be responsible for all costs associated with medical care and transportation.

Release: On the minor's account, I hereby release and forever discharge the Released Parties, or any one or more of them, from any and all actions, suits, fines, contracts, covenants, debts, claims and demands of whatsoever nature and kind, including without limitation, in whole or in part by the negligence of the Released Parties or otherwise, for damages, indemnity, costs, compensation or any other remedy which the minor's successors, heirs, administrators or assigns may have for any claims of liability, personal injury, loss of life, property loss or property damage of any kind or nature, arising out of or sustained in the course of the minor's participation GRCA's volunteer program.

Indemnity: I agree to hold harmless and indemnify the Released Parties, or any one or more of them, from any and all liability, loss, claims, demands, fines, damages, costs and expense, including reasonable legal fees, due to any personal injury or property damage to any third party arising out of or sustained in the course of the minor's participation in GRCA's volunteer program.

Authorization for Photo, Audio and/or Video Use and Release: I agree to grant permission for photos, audio and/or video recording (collectively, the "Recordings") of the minor's participation in GRCA's volunteer program for the sole purpose of promoting the GRCA. I consent to the display, publication and/or sharing of these Recordings, accompanied by his/her name, on any websites, social media channels, publications, reports, newsletters, brochures or other promotional material associated with the GRCA. I also consent to the filing of these Recordings (print or electronic) in a resource library for future use. In providing this consent, I acknowledge that these recordings may be edited, and may be widely circulated to the public in print or electronic form. I hereby waive any rights of compensation or ownership, and give full copyright of these photographs, audio and/or video to the GRCA.

AS THE PARENT OR LEGAL GUARDIAN OF (YOUTH PARTICIPANT/MINOR'S NAME)

______, I HAVE AGREED TO THE ABOVE VOLUNTEER TERMS AND CONDITIONS, ASSUMPTION OF RISK, CONSENT TO MEDICAL TREATMENT, RELEASE, INDEMNITY AND PHOTOGRAPHIC RELEASE ON BEHALF OF THE PARTICIPANT. I UNDERSTAND THAT I HAVE GIVEN UP CERTAIN RIGHTS AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Parent/Legal Guardian Name (please print)

Signature of Parent/Legal Guardian Date(dd/mm/yyyy)