



PARENT/GUARDIAN CONSENT AND RELEASE

YOUTH CENTRAL SOCIETY ("YOUTH CENTRAL") is a registered charitable non-profit organization, which offers volunteer opportunities to Calgary youth through various programs as described on our website www.youthcentral.com.

We may also be contacted at: Suite 820, 105 12 Ave S.E. Calgary, Alberta T2G 1A1
Phone: (403) 266-5448
Email: info@youthcentral.com

The youth volunteer described below ("Youth Volunteer") has completed an application to volunteer for one or more of YOUTH CENTRAL's programs or activities and may volunteer for other activities or programs in the future.

Your consent is required to allow such participation on an ongoing basis; however your consent may be withdrawn at any time on written notice delivered to YOUTH CENTRAL.

It is your responsibility to ensure that you are aware of your child's volunteer activities with YOUTH CENTRAL. YOUTH CENTRAL will not contact you about such activities but will provide information on request to you or any other authorized person as set out below.

Information about the Youth Volunteer and the Parent/Guardian/Other Authorized Person

Full Name of Youth Volunteer: _____

Date of Birth: ____ / ____ / ____ Youth Volunteer Email Address: _____
Month Day Year

Phone #s: (Home) ____ - ____ (Cell) ____ - ____

Emergency Contacts:

1. Name of parent/legal guardian/other authorized person: _____

Relationship to Youth Volunteer: _____

(Must be Mother, Father, Legal Guardian or other authorized person)

Phone #s: (Home) ____ - ____ (Work) ____ - ____ (Cell) ____ - ____

Street Address: _____ Postal Code: _____

2. Name of parent/legal guardian/other authorized person: _____

Relationship to Youth Volunteer: _____

(Must be Mother, Father, Legal Guardian or other authorized person)

Phone #s: (Home) ____ - ____ (Work) ____ - ____ (Cell) ____ - ____

Street Address: _____ Postal Code: _____

The parent/legal guardian/other authorized persons provided above may be contacted from time to time for YOUTH CENTRAL marketing, communication and/or fund development purposes.

YOUTH CENTRAL is committed to advancing diversity, we are able to provide support to ESL youth, youth with disabilities, Indigenous youth, and youth involved with the Youth Justice System to ensure they can get the full value of opportunities available to them.

Safety and Risk Factors

- YOUTH CENTRAL strives to maintain a safe environment for volunteer activities and Youth Volunteers are to be provided with an orientation and training appropriate to the volunteer activity.
- Adults supervise the activities after the Youth Volunteer has arrived at the YOUTH CENTRAL office or other location for the volunteer activity. Supervision is not provided with respect to travel to or from any location and such travel does not form part of the volunteer activity or YOUTH CENTRAL program unless otherwise advised in writing. Similarly, there is no assured supervision for youth volunteers waiting to be picked-up after the project. YOUTH CENTRAL will request adult supervisors to stay with the youth as long as they can. The Youth Volunteer will be allowed to take public transit after the project if they choose.
- YOUTH CENTRAL strives to maintain a safe environment for volunteer activities. It is the responsibility of the parent/legal guardian/other person authorized to inform themselves about the general risk factors for contracting a transmissible illness, including COVID-19, and any unique risk factors of the Youth Volunteer for contracting a transmissible illness, including COVID-19, and to determine whether the Youth Volunteer will be permitted to participate in a particular activity or program.
- Further information about safety and risk factors associated with specific volunteer opportunities is available by calling the YOUTH CENTRAL office at 403-266-5448. It is the responsibility of the parent/legal guardian/other authorized person to inform themselves about such risk factors and to determine whether the Youth Volunteer will be permitted to participate in a particular activity or program.

Consent and Release

In consideration of the Youth Volunteer being permitted to participate in the volunteer activity or program, the parent/legal guardian/other person authorized to provide consent in respect of the Youth Volunteer hereby:

- consents to participation by the Youth Volunteer in any program or activity of YOUTH CENTRAL in which they choose to volunteer and agrees on behalf of the Youth Volunteer to assume all risks associated with such activities or programs;
- releases YOUTH CENTRAL, and its directors, officers, employees, agents, contractors and other volunteers from any damage to property, personal injury or death, action, claim, cost, expense or liability whatsoever that they or the Youth Volunteer have, have had, or may have arising out of or occurring in connection with the Youth Volunteer's participation in any program or activity of YOUTH CENTRAL; and
- agrees to indemnify and save harmless YOUTH CENTRAL, and its directors, officers, employees, agents, contractors and other volunteers from any damage to property, personal injury or death, action, claim, cost, expense or liability whatsoever that any other person has, has had or may have against them arising out of or occurring in connection with the Youth Volunteer's participation in any program or activity of YOUTH CENTRAL.
- agrees to assess their child and determine if they are fit to participate in a volunteer project prior to their attendance and to not send their child to the volunteer project if they are feeling unwell or have symptoms related to a transmissible illness, including COVID-19.
- agrees to abide by any Government regulations that are in place, relating to a transmissible illness, including COVID-19, as well as YOUTH CENTRAL regulations relating to a transmissible illness, including COVID-19.

Medical Information (This information is confidential. Collection, use and disclosure of this information will be for the purpose of ensuring the safety of the Youth Volunteer and YOUTH CENTRAL staff.)

Allergies or other pertinent medical conditions that may be barriers to the Youth Volunteer’s participation in certain activities:

Family Physician: _____ Phone #: _____

Medical Care Authorization

At any time, due to such circumstances as accidents or sudden illness, I hereby give permission for emergency medical treatment to be obtained for the Youth Volunteer. I understand that a representative of YOUTH CENTRAL will attempt to contact me prior to leaving the project/activity site, or upon arriving at the emergency destination, and that I will be responsible for any and all related expenses incurred, including ambulance or taxi costs.

Image Release

The parent/legal guardian/other person authorized to provide consent in respect of the Youth Volunteer hereby consents to the use in any of YOUTH CENTRAL and/or YOUTH CENTRAL’s partner’s publications of the Youth Volunteer’s image if contained in any photographs or other media created during YOUTH CENTRAL’s programs or activities.

Do not sign this document unless you understand what you are signing. YOUTH CENTRAL can assist you to find help to understand this document if necessary, including assistance with translation into another language.

Votre signature ci-dessous indiquera que vous comprenez et acceptez toute condition liée à ce document. En cas de besoin, Youth Central vous assistera avec n'importe quelle question en ce qui concerne votre compréhension de ce document, y compris la traduction vers une langue étrangère.

لاتوقع على هذه الاتفاقية ما لم تفهمها تماماً أو حتى ما اذنت بقولك بامكان هيئة مهيئة ككل غري للصيق قبل الأطفال والشباب ابنتوني رسال ال من اعدتي كطرفهم هذه الوثيقة إذ اقتضى الأمر بما فيني في كترجته الى ليغكم الأم.

請閱讀以上的文件後，才簽署這份表格。如有需要或有不清楚的地方，青年義工中心 可以安排專人來解釋這份文件，並提供翻譯服務

Firme este formulario únicamente si entiende lo que está firmando. Si es necesario, YOUTH CENTRAL lo/la asistirá a encontrar ayuda para entender este documento, incluyendo la asistencia con la traducción en otro idioma.

Đừng ký vào mẫu này trừ phi hiểu việc gì mình đang ký. YOUTH CENTRAL có thể giúp bạn hiểu tài liệu này nếu cần, kể cả giúp đỡ dịch tài liệu qua một ngôn ngữ khác.

The terms of the above Safety and Risk Factors, Consent and Release, Medical Care Authorization, and the Image Release are hereby agreed to this ____ day of _____, 20___. I confirm that I have read and understood the above terms and that I have the authority to sign this document in respect of the youth volunteer.

Name of Parent/Legal Guardian
or other Authorized Person (print full name)

Witness (print full name)

Signature of Parent/Legal Guardian
or other Authorized Person

Signature of Witness

Upload this form into the volunteer's Better Impact profile – if you require help, please e-mail/call the office.

This form will only be accepted by YOUTH CENTRAL if:

- All four pages are included
- ALL information is filled out, including the WITNESS SIGNATURE (signed by an individual over 18 years of age that witnessed the parent/guardian signature)
- Signatures are hand-written (ink or "wet" signature required, not electronic or typed)
- The electronic document is to be returned as ONE file, less than 4MB in size, in format .PDF, .DOC/.DOCX, or .JPEG (use a free online document merger/compressor/converter if needed)