

Consent Form for Volunteering at the Estevan 2016 Summer Games

Date:	(DD/MM/YYY)	')
Child's name:	*First Name	*Last Name
Child's Date of Birth:		(DD/MM/YYYY) Age:
Parent/Guardian's na	me: *First Name	*Last Name
Nature of Relationship):	

I, being the parent/guardian of the student indicated above, authorize my child to participate in the volunteer activities of the Estevan 2016 Saskatchewan Summer Games. I understand that he/she will be given the proper orientation and training necessary for the duties he/she will be performing and that he/she will be expected to meet all the requirements of their position. I understand that he/she will not receive monetary compensation for the services they have contributed.

I release the Estevan 2016 Saskatchewan Summer Games from any liabilities related to or arising from my son/daughter's service as a volunteer. I also agree that I will assume all costs and expenses (including medical care costs) associated with any injury related to or arising from my son/daughter's service as a volunteer.

I have read, understand, and accept these terms.

Child's Signature:

Parent/Guardian's Signature:

*Please note that the Estevan 2016 Saskatchewan Summer Games Council requires that all children ages 8 to 13 volunteer *with* a parent.