



2018 VOLUNTEER SERVICES PARENTAL PERMISSION FORM

Please select the Crew in which your child is volunteering:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> 50/50 Raffle | <input type="checkbox"/> General Store | <input type="checkbox"/> Production | <input type="checkbox"/> Welcome Centre |
| <input type="checkbox"/> Bike Park | <input type="checkbox"/> Green Team | <input type="checkbox"/> Silent Auction | <input type="checkbox"/> Other, please specify |
| <input type="checkbox"/> Envirodish | <input type="checkbox"/> Info Booth | <input type="checkbox"/> Volunteer Check-In | _____ |
| <input type="checkbox"/> Festival Kitchen | <input type="checkbox"/> KidZone | | |

Dear Parent or Guardian,

The CityFolk organization appreciates your child’s interest in volunteering for the festival and we thank you for your time and involvement in this matter. In order for your child to participate in our volunteer program, you must read, understand and agree to the following terms:

- I understand that individuals between 14 and 17 who wish to volunteer with CityFolk must have their parent or legal guardian read, understand and complete this form;
- I understand that CityFolk volunteers **must be at least 14 years of age before September 12, 2018**;
- I understand that my child will not be able to attend their shifts unless this form is completed and returned to Volunteer Check-In upon signing in for their first shift, without exception;
- I understand and recognize that my child’s participation as a volunteer at CityFolk involves potential risks. I hereby agree to accept such risks and to waive any rights to make a claim against the festival, save and except in the case of the negligence of CityFolk. I hereby personally undertake to have my child act responsibly and in a safe manner at all times and hereby agree to indemnify CityFolk and all the festival employees, volunteers and partners from any claims of damages caused as a result of my child’s negligence while acting as a volunteer.
- I have reviewed the shifts my child has signed up for, as well as the requirements of their position, and understand what they will be required to do and that they are required to complete their shifts as scheduled, per their volunteer agreement;
- I understand that photography and videography will be utilized during this event. I grant permission to the organization to use my child’s likeness, voice and words in television, radio, film, or in any other format for volunteer recruitment.

I, _____, have read, understood and agree to all of the
PARENT OR LEGAL GUARDIAN, PLEASE PRINT YOUR FIRST & LAST NAME HERE

terms above as they apply to my child, _____.
PARENT OR LEGAL GUARDIAN, PLEASE PRINT YOUR CHILD'S FIRST & LAST NAME HERE

PARENT OR LEGAL GUARDIAN'S SIGNATURE

DATE

Primary Phone #: _____ Alternate Phone #: _____