

	<h2>Minor Volunteer Permission &amp; Agreement and Waiver 2024</h2>
	<p>3273 Bloor Street West, Suite 201          Etobicoke ON M8X 1E2          Tel: 416 239 7843          Fax: 416 239 9164  <a href="http://www.meaganshug.com">www.meaganshug.com</a></p>

Last Name:		First Name:	
Address:			City:
Province:	Postal Code:	Email Address:	
Home Phone:		Cell Phone:	Business Phone:
Preferred Method of Contact Email Phone		Date of Birth (if under 18) (DD/MM/YYYY)	
Emergency Contact:			
Phone:		Alternate Phone:	Relationship to Emergency Contact:

**RELEASE, WAIVER AND INDEMNITY** IN CONSIDERATION of the acceptance of this form and the permission to participate as a volunteer for Meagan’s HUG on Saturday, May 11, 2024, I, for myself, my heirs, executors, administrators, successors and assigns, **HEREBY RELEASE WAIVER AND FOREVER DISCHARGE** the City of Toronto, The Toronto Police Services Board, The Toronto Police Service, The Members of the Toronto Police Service Auxiliary Program, The Chief of Police, The Toronto Transit Commission, Fort York, The Hospital for Sick Children, SickKids Foundation, Meagan’s HUG, Meagan Bebenek Foundation, Meagan’s HUG event organizers, and all other associations, sanctioning bodies and sponsoring companies, and all their respective agents, officials, employees, contractors, volunteers or personnel (collectively, the “Organizers and Releasees”), from any claims, demands, damages, costs, expenses, actions and causes of action, whether in law or equity, in respect of death, injury, loss or damage to my person or property **HOWSOEVER CAUSED** rising or to arise by reason of my participation in the said event, whether as a volunteer, spectator, participant, competitor or otherwise, whether prior to, during or subsequent to the event, **AND NOTWITHSTANDING** that same may have been contributed to, or occasioned by, the carelessness or negligence of any of the aforesaid. I **ACKNOWLEDGE AND AGREE** that I understand the inherent risks of participating as a volunteer and agree to assume all such risks, including but not limited to illness, falls, accidents, weather, road conditions and contact with others. I also agree to fully and strictly abide by any and all rules and codes governing my participation. **BY SIGNING AND SUBMITTING THIS FORM, I ACKNOWLEDGE HAVING READ, UNDERSTOOD AND AGREED TO THE ABOVE. I WARRANT** that I am physically fit to participate in this event. I agree to be photographed or videographed and agree that my image may be used in future event news and promotional materials.

I acknowledge that I am signing this document voluntarily and that if I am under the age of 18 I require parental consent.

Name (please print)	
Signature	Date: (DD/MM/YYYY)

**PARENTAL CONSENT FOR MINOR VOLUNTEER AND INDEMNITY AGREEMENT**

I, \_\_\_\_\_, hereby certify that I am the parent or legal guardian of the above named minor, to whom I give permission to volunteer.

I have read and understood the above document, including the waiver, release and indemnity and have discussed the same with the minor person identified above. I am satisfied the said minor understands the document, and the waiver and release and his/her obligations as set out therein. In consideration of the participation of my minor child, I too agree to waive, release and indemnify the Organizers and Releasees in the terms set out above.

Parent or Guardian’s Name (please print)	
Signature of Parent or Guardian ( if under 18 )	Date: (DD/MM/YYYY)