



# Consent, Release and Waiver Form - Youth

**Warning! Please read carefully. One signed copy required for each youth participant.**

Group Name: \_\_\_\_\_

Group Leader Name: \_\_\_\_\_

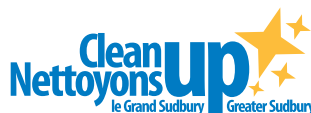
I \_\_\_\_\_, (name of Parent/Guardian) am authorized and request to have \_\_\_\_\_ ("my child"), date of birth: year \_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_ participate in the City of Greater Sudbury's Two Hour Blitz Clean Up.

This form is to be completed by the parent or legal guardian of any youth that is under 18 years of age. Adults 18 years of age or older should complete the Consent, Release and Waiver Form for adults on the previous page.

**I UNDERSTAND, AGREE AND ACKNOWLEDGE:**

- a) that some of the activities my child will undertake involve physical exertion;
- b) that some of the activities my child will undertake involve the potential for injury and exposure to broken glass, sharps, use of tools, lifting and other possibly harmful substances;
- c) that while my child is participating, my child should use caution and wear appropriate clothing and protective equipment (gloves, safety vest, and proper footwear as supplied and or recommended by the Group Leader;
- d) that during my child's participation, it is my child's complete right and responsibility to decrease or stop participating at any time my child believes it to be unsafe to continue doing so and that it is my child's obligation to inform Program volunteers of my child's concerns or symptoms;
- e) that while participating there exists the remote possibility of injury including abnormal blood pressure, fainting, and disorders of the heart rhythm and, in very rare circumstances, heart attack or even death as well as cuts, infections, bruises and broken bones;
- f) that while participating there are risks, known and unknown, including a risk of infection, injury, heart attack or even death as a result of my child's participation, but knowing those risks, it is my desire to have my child participate as indicated herein;
- g) that choosing to have my child participate in the Program brings with it the assumption by me and by my child of the above stated potential RISKS and I ASSUME FULL RESPONSIBILITY to instruct my child about these RISKS and the choices available to him or her;
- h) that my child is free to withdraw and I am free to withdraw my child from the Program at any time. I agree to voluntarily withdraw my child from the Program if my child begins to experience any signs of lightheadedness, fainting, chest discomfort, leg cramps, nausea or other ailments affecting my child's health; and
- i) that I will review the Safety Tips with my child and ensure my child's understanding of the Safety Tips.

**For additional information,  
please call City Services at  
311.**



I WARRANT that my child is physically, mentally and emotionally fit to participate in the Program.

The Parent/Guardian shall inform the Group Leader of any allergy or medical condition and supply him/her with any medication or devices and instructions associated with the medication or devices in the event that my child requires treatment.

IN CONSIDERATION OF the acceptance of my child in the Program and by signing this Consent, Release and Waiver Form for myself (or for a child that is under 18 years of age) I, for myself, my heirs, executors, administrators, successors and assigns, release, waive and forever discharge the City of Greater Sudbury and all of its elected and non-elected officials, employees, agents, servants and sponsors, and successors and assigns of and from all 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 however caused, arising by reason of my participation in this Program, or in any activities associated with this Program, notwithstanding that same may have been contributed to or occasioned by the negligence of the City of Greater Sudbury, its elected or non-elected officials, employees, agents or servants.

I have read, understood and agree to the terms and conditions described in this Consent, Release and Waiver Form and the Safety Tips in their entirety on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

_____ Parent/Legal Guardian Signature	_____ Parent/Legal Guardian (Print Name)	_____ Date
_____ Parent/Legal Guardian Phone Number	_____ Parent/Legal Guardian Cell Phone Number	
_____ Witness Signature	_____ Witness (Print Name)	_____ Date
_____ Emergency Contact Person (Print Name)	_____ Emergency Contact Person's Cell/Home Phone Number	_____ Emergency Contact Person's Work Phone Number

Personal information on this form is collected under the authority of section 10 of the Municipal Act, 2001, S.O. 2001, c.25 and will be used to enroll the participant in the City of Greater Sudbury's Clean Up Programs. Questions **about the collection of your information** may be directed to the Manager of Collection and Recycling at P.O. Box 5000, Station A 200 Brady Street, Sudbury, ON P3A 5P3 or by dialing 3-1-1.

**For additional information,  
please call City Services at  
311.**

