



## Release of Liability, Waiver of Claims and Assumption of Risk

(Mandatory Completion)  
PROTECTED B (when completed)  
(Privacy Notice found below)

Please acknowledge by checking the boxes listed below and concur by affixing your signature.

<b>1.</b>	<b>ASSUMPTION OF RISK:</b>
<input type="checkbox"/>	<ul style="list-style-type: none"><li>I understand that my volunteer activities may involve personal risk, dangers and hazards which all volunteers are required to assume (including but not limited to those normally associated with volunteering with the public in a public location and/or with the Canadian Forces Morale and Welfare Services within a Department of National Defence property or otherwise listed location).</li><li>I accept all risks, dangers and hazards as well as the possibility of personal injury and property damage or loss resulting from this activity.</li></ul>

<b>2.</b>	<b>WAIVER OF CLAIMS:</b>
<input type="checkbox"/>	<ul style="list-style-type: none"><li>I agree to waive any and all claims that I, my heirs, executors and administrators have, or may have in the future, against the HIS MAJESTY THE KING IN RIGHT OF CANADA AS REPRESENTED BY THE CHIEF OF THE DEFENCE STAFF IN HIS NON-PUBLIC PROPERTY CAPACITY THROUGH CANADIAN FORCES MORALE AND WELFARE SERVICES ("CFMWS") its employees and agents resulting from any liability for loss, damage, expenses, or injuries of any kind (including death) that I may suffer as a result of my participation as a volunteer.</li></ul>

**I HAVE READ AND UNDERSTOOD THE INFORMATION NOTED ABOVE, AND BY SIGNING BELOW I AGREE TO THESE TERMS AND CONDITIONS, ASSUMPTION OF RISK, AND WAIVER OF CLAIMS.**

Full Name of Volunteer:	
Address:	
Signature:	
Date:mm/dd/yyyy	Phone Number:

Full Name of Witness:	
Address:	
Signature:	
Date:mm/dd/yyyy	Phone Number:



**IF UNDER 18 YEARS OF AGE, A PARENT OR LEGAL GUARDIAN IS REQUIRED TO SIGN (In conjunction with the Parental/Legal Guardian Consent Form).**

**I hereby certify that I am the parent/legal guardian of \_\_\_\_\_, a minor pursuant to the Age of Majority and Accountability Act and that s/he has my permission to act as a volunteer with the Canadian Forces Morale and Welfare Services. As the parent/legal guardian, I fully understand and have full knowledge of the nature and extent of the risks involved with his/her participation as a volunteer, and agree to the above noted terms and conditions, assumption of risk and waiver of claims.**

**Privacy notice**

Personal information is collected pursuant to the *National Defence Act*. The information is used to for the administration of the Canadian Forces Morale and Welfare Services (CFMWS) National Volunteer Policy and the management of volunteers within Non-Public Property (NPP) organizations.

Personal information is protected, and is only used and disclosed in accordance with the provision of the [Privacy Act](#) as described in personal information bank Volunteers – CFMWS PPU 100. Under the Act, individuals have rights of access to and correction of their personal information, and the right to file a complaint to the Privacy Commissioner of Canada regarding the institution’s handling of personal information.

**I have read and understand the Privacy Notice, and consent to the collection, use and disclosure of my personal information as described therein and as authorized above, until such authorization is revoked by me in writing.**

<b>Full Name of Parent/Legal Guardian:</b>	
<b>Address:</b>	
<b>Signature:</b>	
<b>Date:mm/dd/yyyy</b>	<b>Phone Number:</b>

<b>Full Name of Witness:</b>	
<b>Address:</b>	
<b>Signature:</b>	
<b>Date:mm/dd/yyyy</b>	<b>Phone Number:</b>