



Consent Form and Waiver of Liability for Volunteers Under 19 Years of Age

Name of Detachment and Program

Coquitlam RCMP

Detachment Address

2986 Guildford Way
Coquitlam, BC
V3B 7Y5

Applicant Address

Dear Parent / Legal Guardian

I, the parent / legal guardian of the below noted participant, having received information on, and understanding the activities, position and program my son/daughter will be involved in, hereby give permission and provide consent for my child,

_____ to participate in _____
Participant Name Program Name

I understand these program/activities may or may not be covered by insurance.

I am aware that involvement in this program/position will require a commitment of _____ hours per month.
Number of Hours

I hereby release and forever discharge Her Majesty the Queen in Right of Canada, the Attorney General of Canada, the Ministry of Public Safety, Solicitor General of British Columbia, the Royal Canadian Mounted Police, the City of

_____ their members, employees, representatives, and agents from
City Name

any and all actions, causes of actions, claims, liabilities and demands for damages or otherwise, loss or injury, which may hereafter be sustained by my child howsoever arising out of _____'s involvement and participation

Participant Name
in this program/position.

Participant Name (please print)

Participant Signature

Parent / Legal Guardian Name (please print)

Parent / Legal Guardian Signature

Witness Name (please print)

Witness Signature

Date Signed

Approved By