



City of Nelson Angel Program Release of Liability Parental Consent

Thank you for choosing to become an Angel Volunteer. We request your understanding and cooperation in maintaining both your child's and our health and safety by reading and signing this **Parental Consent Form**.

Child's Last Name: _____

Child's First Name: _____

Child's Date of Birth: _____

Child's Home Address: _____

I understand and accept the conditions of my child's participation as a Volunteer in the City of Nelson Angel Program for Fall/Winter Season 2021-2022, having full authority to do so. I recognize that my child's participation in the Program shall not include any interactions or communications with recipient owner(s) of private property except to the extent necessary to perform requested snow removals. I further recognize that no entry inside the residence(s) of any recipient owner(s) is permitted in conjunction with my child's participation in the Program and that my child will only enter upon the premises of properties whose owner(s) have requested the angel program therefrom for the purpose of performing requested leaf or snow removal.

I acknowledge that the recipient owner(s) of the property bears responsibility for compliance with all municipal by-laws and City ordinances including maintenance of the property's yard, sidewalks, structure exterior and interior, and that City is not responsible for said maintenance nor does it guarantee the condition or safety of the private properties whereupon I may perform leaf or snow removal as entailed by my participation in this Program.

I also acknowledge that as a Program Volunteer my child will not be an employee of the City of Nelson and/or acting as an agent on behalf of the City.

I further understand that the undertaking of this activity may result in personal injuries and/or damage to private property and agree that the City of Nelson will not be responsible for any such property damage and/or personal injuries resulting from my child's participation in this Program.

I further expressly agree that the CITY OF NELSON ANGEL PROGRAM RELEASE OF LIABILITY is EFFECTIVE AND BINDING UPON myself, and my heirs, next of kin, executors, administrators and assigns.

"The City of Nelson is collecting your personal information in accordance with Section 26 of the *Freedom of Information and Protection of Privacy Act*. The City of Nelson collects your information for the purposes of administering City of Nelson programs and services, including permits and licensing services. If you have any questions, please contact the Privacy Head at 310 Ward Street, Nelson, BC V1L 4P1 or FOI@nelson.ca or 250-352-8234."



City of Nelson Angel Program Release of Liability Parental Consent

I give _____ Do not give _____ (please check one item) permission to have the City of Nelson and /or its community partners to take and use photographs of the above mentioned child for any marketing or promotional items.

I have read the Release of Liability - Parental consent form, understand and accept its terms.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature _____

Date: _____

Witness' Signature & Printed Name _____

BY SIGNING THIS LEGAL DOCUMENT, YOU GIVE UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE, CLAIM DAMAGES, AND SEEK COMPENSATION.

"The City of Nelson is collecting your personal information in accordance with Section 26 of the Freedom of Information and Protection of Privacy Act. The City of Nelson collects your information for the purposes of administering City of Nelson programs and services, including permits and licensing services. If you have any questions, please contact the Privacy Head at 310 Ward Street, Nelson, BC V1L 4P1 or FOI@nelson.ca or 250-352-8234."