Volunteer Registration & Liability Waiver Form

Please forward this application to

Volunteer Coordinator
Suite 318 - 425 Carrall Street
Vancouver, BC V6B 6E3

Phone: 604-688-6464
Fax: 604-688-6463
volunteer@disabilityfoundation.org

DISABILITY FOUNDATION ☐

BCMOS ☐	CONNECTRA ☐	Disabled Independent Gardeners Association ☐	Disabled Sailing Association of British Columbia ☐	Tetra Society of North America ☐	VAMS Vancouver Adapted Music Society ☐
Hiking & Paddling	Events	Gardening	Sailing	Custom Devices	Music

Please initial the society or societies with whom you wish to volunteer

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone (primary): _____ (other): _____

Email: _____

Emergency contact: _____ Phone: _____

Volunteer's Release of Liability, Waiver of Claims, Medical Waiver, Assumptions of Risks and Indemnity and Image Consent

By signing this document, you will waive certain legal rights including the right to sue.
Please read carefully.

ASSUMPTION OF RISKS

I AM AWARE THAT THERE IS POTENTIAL RISK FOR PERSONAL INJURY INVOLVED IN VOLUNTEERING. The Disability Foundation has six affiliated societies: BC Mobility Opportunities Society (BCMOS), ConnecTra, Disabled Adapted Gardeners Association (DIGA), Disabled Sailing Association of BC (DSABC), Tetra Society, and Vancouver Adapted Music Society (VAMS). I freely accept and fully assume all such risks, dangers and hazards, including the possibility of personal injury (including but not limited to: bumps, bruises, cuts, scrapes, concussion, broken bones, infections, abrasions, hypothermia, death and/or property loss resulting from my participation in the **Disability Foundation and affiliated societies (DF)** volunteering activities.

Risk of injuries from activities may include (**not an exhaustive list**):

BCMOS Hiking and Paddling: blisters, snake bites, deep cuts, burns, broken bones, sprained ankles, allergic reaction, rashes, poisonous berries, dehydration, heat stroke, altitude sickness, drowning, hypothermia, tendinitis, concussion (head injury), and Carpal Tunnel syndrome
ConnecTra: Slips, trips and falls, electrical, biological/infection, chemical, muscle pain, and burns
DIGA: infections, cuts, chemical burns, eye injuries from plants, sunburn, and muscle injury.
DSABC: bone fractures, back pains, concussion, drowning, sunburn, contusions, lacerations, and sprains.
Tetra Society (including workshops/tools): burns, blunt trauma, skewered, severed finger, deep cuts, chemical-related injuries, and machine-related injuries
VAMS: tendinitis, De Quervain's tenosynovitis, Carpal Tunnel syndrome, Bursitis, Thoracic outlet syndrome, strained vocal cords, and back, neck and shoulder strain.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT
In consideration of approval to participate in volunteering activities, I hereby agree as follows:

_____
Initial
TO WAIVE ANY AND ALL CLAIMS that I have or may in the future have against DF, its directors, officers, employees, volunteers, representatives, other volunteers and partner organizations (Disability Foundation and its affiliated societies, organization partners, and government entities) all of whom are hereinafter collectively referred to as "The Releasees";

_____
Initial
TO RELEASE THE RELEASEES from any and all liability for any loss, damage, injury or expense that I suffer, or my next of kin may suffer as a result of my participation in this activity due to any cause whatsoever **I**NCLUDING NEGLIGENCE, BREACH OF CONTRACT OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE. I acknowledge my responsibility to ensure adequate medical, personal health, dental and accident insurance coverage, as well as protection of my personal possessions;

_____
Initial
TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES from any and all liability for any damage to property of**,** or personal injury to, any third party resulting from my participation in DF activities;

_____
Initial
This agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives in the event of my death or incapacity;

_____
Initial
In entering into this Agreement, I am not relying upon any oral or written representations or statements made by the Releasees other than what is set forth in this Agreement;

_____
Initial
I grant permission to DF and/or their designates to proceed in any manner they deem necessary in the case of medical emergency involving myself. I am releasing the right for this information to be shared with DF volunteers, staff, and/or medical staff who are in contact or responsible for my (or my child / ward's) participation in the program;

_____
Initial
DF and/or their designates often take photographs/videos of volunteers and staff while programs are operating. These pictures may be used for promotional purposes, training, and public education. I give my permission for photographs/videos to be taken of myself / my child / ward, and for these to be subsequently published.

CONFIDENTALITY
The volunteer will hold all of the confidential information that the volunteer receives in trust for the sole benefit of the employer and in strictest confidence; protect all of the confidential information from disclosure and will not take any action that could reasonably be expected to result in any of the confidential information losing its character as the confidential information, and will take all lawful action necessary to prevent any of the confidential information from losing its status as confidential information; and except as required in the course of performing the volunteer duties and services hereunder, not: use, publish, disseminate or otherwise directly or indirectly disclose any of the confidential information to any third party; nor use the confidential information for any purpose.

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST THE RELEASEES.

Date: _____

Volunteer Signature: _____ **Print Name:** _____

Signature of Parent/Guardian: _____ **Print Name:** _____
(If volunteer is under 19 years of age)

Witness: _____ **Print Name:** _____