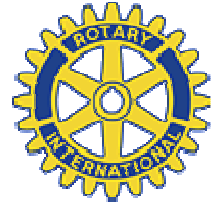


Volunteer



Volunteer Waiver, Release and Indemnification

1. In consideration of being allowed to participate as a volunteer, I understand that in the course of my volunteer work for the Rotary Club of Pickering, I may come under the direction of ROTARY CLUB related. personnel. In such an event, I (referred to as "undersigned") hereby waive, release and agree to indemnify the ROTARY CLUB of PICKERING, and their directors, officers, agents, employees, committee members, and any volunteer(s) without limitation (collectively referred to as "releasees") for all claims, damages, loss and/or injury, including claims arising from the negligent acts of any of the releasees, that may result from my participation as a Rotary volunteer.
2. I understand that as a volunteer I assume all risk associated with my participation in activities and events organized and sponsored by the Rotary Club of Pickering, including injury, death, or illness to me and/or damage or loss to my property.
3. **In the event that I am unable to do so on my own because of an injury or illness I consent to administration of first aid and/ or medical treatment in the event of illness or injury.**

NO ☐

YES ☐

4. In the course of volunteering for the Rotary Club of Pickering, I may be dealing with Confidential or Personal Information and I agree to keep such information in the strictest confidence.
5. The relationship between the Rotary Club of Pickering and volunteers is an "at will" arrangement and it may be terminated at any time without cause by either the volunteer or the Rotary Club of Pickering.
6. I hereby grant full permission to the Rotary Club of Pickering, to use my likeness in photographs, videotapes, motion pictures, recordings or any other recording of the Rotary event, activities and/or events without compensation for marketing or promotional purposes.
7. I understand that this Waiver, Release and Indemnification is governed by the laws of the Province of Ontario, and is intended to operate to benefit the releasees as well as their heirs, executors, administrators, successors and assigns, and is binding on the undersigned's as well as his/her heirs, executors, administrators, successors and assigns.
8. Due to the nature of the Rotary Club of Pickering Event and in keeping with safe and responsible community best interests, volunteers might be subject to a security or volunteer reference check, and will be asked to produce certification documents re: Smart Serve, First Aid and/or Police Checks.
9. My signature on this Waiver, Release and Indemnification form shall serve as authorization to the ROTARY CLUB of PICKERING to release information for the purpose of criminal background check, volunteer history and/or as required by City of Pickering re: Smart Serve approved personnel, and to use my Personal Information for the purposes of Volunteer-related communications pre, during and post Event for the current year's event. The ROTARY CLUB of PICKERING will follow best industry practices and respect the 10 privacy principles re: life cycle management of Personal Information.

I consent to the ROTARY CLUB maintaining my Personal Information on file for the purpose of future event volunteer requirements

NO ☐

YES ☐

10. I have read this Waiver, Release and Indemnification, understand it and agree to sign it willingly.

Volunteer's Signature	_____	Telephone Number	_____
Printed Name	_____	Address	_____
Email	_____		_____
Parent's Signature (If under the age of 18 years of age)	_____	Date	_____

Thank you for your interest in volunteering.