

**VIETNAMESE ASSOCIATION, TORONTO
RELEASE OF LIABILITY FORM**

RELEASE OF LIABILITY

Volunteer's Name: _____ Contact #: _____
(please print)

Date of Birth: _____ Email Address: _____
(please print)

OHIP #: _____

In consideration of being permitted to participate in any activities/ events at Vietnamese Association, Toronto, I acknowledge, appreciate, and agree that:

1. The risk of injury from ALL possible causes from the activities/events is significant, including the potential for permanent disability and death, and while particular personal discipline will minimize this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE of those persons released from liability below and assume full responsibility for my participation; and,
3. I understand that the activities are physically and mentally intense. I understand the rules of play and will comply with all rules and regulations. If I observe any unusual or unnecessary hazard during my participation, I will bring such to the attention of the nearest official as soon as practical; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS EVENT'S STAFFS AND THE VIETNAMESE ASSOCIATION TORONTO WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, except that which is the result of gross negligence and/or wanton misconduct; and,
5. I understand and agree that this Release of Liability Agreement covers all activities/ events in which I participate hereafter.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____ Date Signed: _____
Participant's Signature

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Parental Consent (for participants under the age of 18)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree not only to his/her release of the VAT's staffs, the VAT, and all other Releases but also to release and indemnify the Releases from any and all liabilities incident to his/her involvement in these programs for myself, my heirs, assigns, and next of kin.

Parent/Guardian's Name: _____ Phone #: _____
(please print)

X _____ Date Signed: _____
Parent/Guardian's Signature

Emergency Medical Treatment Permission (for participants under the age of 18)

The undersigned parent or guardian hereby give permission to the VATs' staffs, VAT to authorize emergency medical treatment as may be necessary for the named participant, while volunteering at any VATs' events

X _____ Date Signed: _____
Parent/Guardian's Signature

Medical Conditions

Please list below any medical or health conditions that the VAT staffs should be aware of, along with any severe allergic reactions or conditions.

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RULES AND REGULATIONS

1. Volunteer must follow all instructions and participate in all activities set by the VAT's Committee.
2. Volunteer must respect others.
3. Volunteer must stay off restricted areas.
4. Volunteer must wear appropriate clothing for safety reasons during the event
5. No profanities will be tolerated.
6. Weapons, drugs, alcohol or other illegal items are strictly prohibited.
7. Volunteer will not leave the event area during his/her shift without notifying the VATs' staffs or Committee Chair.
8. Volunteer must sign the Release Form and the Rules and Regulations Form to be considered for a volunteer position with the VATs' events
9. Provision of food voucher and entrance passes are subject to the Committee Chairs' rules and restrictions according to each year.

**I HAVE READ AND UNDERSTAND THE RULES SET FORTH BY THE COMMITTEE.
FURTHERMORE, I UNDERSTAND THAT VIOLATION OF ANY OF THESE RULES WILL RESULT
IN MY EXPULSION FROM THE event area.**

X

Participant's Signature

Date Signed: _____