

SHORT-TERM VOLUNTEER RELEASE FORM

PLEASE PRINT CLEARLY | Note the asterisk *indicates required information when volunteering

AGE* ○18+ ○14-17			
FIRST AND LAST NAME:*			
ADDRESS:*			
CITY:*			
PROVINCE:*	POSTAL CODE:*		PHONE:*
]		
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EMAIL: **			
LIVIALE.			
(Provide your email address to receive occasion	 nal Samaritan's Purse updates. You can	 withdraw your co	onsent at any time)
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In consideration of my desire or the desire of the minor Purse") and the Volunteer's desire to participate withou the undersigned acknowledges, understands and agree	ut mutual threat of legal exposure for some uni		ervices to Samaritan's Purse Canada ("Samaritan's nate result caused by some action, inaction or decision,
Participation in Samaritan's Purse activitie	es is as a volunteer, not as an employee.		
diseases and liabilities that may result from	m participation in Samaritan's Purse activities.	. Volunteer releases,	uding, but not limited to contagious viruses and forever discharges, and holds harmless Samaritan's s and/or liabilities arising out of injuries to or damage
 Volunteer agrees to indemnify Samaritan's Purse against any and all liability or loss, and against all claims or action arising out of damage or injury to any person or property caused by Volunteer in any way connected with the Volunteer's participation in Samaritan's Purse' activities. 			
participating in Samaritan's Purse activitie limited to DVDs, displays, pamphlets, and authorizes the taking of such photographs, use, publishing, display, exhibition, modific	presentation. All images and videos will be stor, video or statements and releases Samaritan's	itan's Purse programs red until used in the S Purse and its authori phs, video and/or stat	nd or take statements from Volunteer while through promotional products, including but not Samaritan's Purse image bank. Volunteer hereby ized third parties from any claims associated with the tements. Should Volunteer wish to have their likeness
	n the warehouse is under video surveillance to e d releases Samaritan's Purse from any claim rel	,	urity for all staff and volunteers and to provide
Volunteer Signature:*	Date:*		
Parent/Guardian Signature:* (For youth ages 14-17)	Parent/Guardian Name:* (Print)		Date:*

Samaritan's Purse Canada (SPC) retains your personal information as confidential. The information you provide will also be used to inform you of our programs and projects, to help and encourage you spiritually, and to provide you with opportunities to support our work. Please contact SPC at 1.800.663.6500 or email info@samaritan.ca if you do not want your information to be used for purposes described.**

