

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	*
] [
EMAIL: **			
EMAIL:			
(Provide your email address to receive accessor	and Compriton's Duran undator. Vou can u	with draw your concent at	t any tima 1
(Provide your email address to receive occasion	läi Särriaritari siiruise upuates, iivu cari v ————————————————————————————————————	VITNOTAW YOUI COIIS e iil al ———————————————————————————————————	any ume.)
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 unint		
Participation in Samaritan's Purse activitie			
diseases and liabilities that may result from	Ilness, physical injury, heavy lifting, exposure to h m participation in Samaritan's Purse activities. ' iates and agents from any and all causes of actio	Volunteer releases, forever dis	scharges, and holds harmless Samaritan's
• 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.			
Volunteer agrees to comply with required he protocols and additional health and safety	ealth screening assessments such as temperatur measures such as gloves and masks.	e checks and must be willing	to comply with physical distancing
participating in Samaritan's Purse activitie limited to DVDs, displays, pamphlets, and authorizes the taking of such photographs, use, publishing, display, exhibition, modific	se and or its authorized third parties may photograes, all of which may be used to promote Samarita presentation. All images and videos will be stored, video or statements and releases Samaritan's Procation, adaptation or copying of such photographank, they can contact Samaritan's Purse at info@s	n's Purse programs through p d until used in the Samaritan' urse and its authorized third p s, video and/or statements. SI	oromotional products, including but not 's Purse image bank. Volunteer hereby parties from any claims associated with the
-	n the warehouse is under video surveillance to ens I releases Samaritan's Purse from any claim relat		l staff and volunteers and to provide
Volunteer Signature:*	Date:*		
Parent/Guardian Signature:* (For youth ages 14-17)	Parent/Guardian Name:* (Print)	Dat	te:*

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.**

