



## Volunteer Liability Release

In consideration of FEED NOVA SCOTIA allowing me to participate in a volunteer capacity, I \_\_\_\_\_ (name) agree that I am volunteering at my own request and at my own risk.

I acknowledge that I am aware of all the risks inherent in this role and certify that I have not been otherwise informed by any physician and know of no restrictions imposed on me by my own physician that would in any way prevent me from actively participating in this role.

Further in consideration of \_\_\_\_\_ (name) being permitted to participate in this volunteer capacity, I, on behalf of myself, my successors in interest, heirs, assigns and representatives, hereby fully release and agree to hold harmless FEED NOVA SCOTIA, its affiliates, Officers, Trustees, agents, employees and representatives, successors and assigns, of and from any liability, claims, damages or causes of action for any reason, even as a result of negligence by FEED NOVA SCOTIA or that of any one acting on FEED NOVA SCOTIA's behalf including without limiting the generality if the following: death, bodily injury, property damage, or any other loss, or inconvenience whatsoever, suffered by me at any time hereafter occurring as a result of my voluntary participation in this program.

Must also be signed by a parent or legal guardian if participant is under the age of majority<sup>1</sup> on the date this release is signed.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_

### Release and Consent by Parent/Guardian

I understand that my child or youth wishes to participate as a volunteer with FEED NOVA SCOTIA and I hereby give my permission for her/him to serve in this capacity. I have been advised that he/she will be provided with an orientation and training necessary for the safe and responsible performance of her/his duties and that he/she will be expected to meet all the requirements of the position, including regular attendance and adherence to FEED NOVA SCOTIA policies and procedures.

Name of child or youth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Nature of relationship: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

<sup>1</sup> Parental consent is required for all volunteers under the age of eighteen