

Children's Festival Adult Waiver (For adult volunteers with a legal guardian)



Volunteer Name: _____

Phone: _____ Volunteer Birthdate (D/M/Y): _____ Pronouns: _____

Parent/Guardian's Name: _____

Parent/Guardian's Email: _____

Parent/Guardian's Cell Phone: _____

Volunteer Requirements

- Volunteers must commit to a minimum of six hours over the course of Festival week.
- Volunteer shifts and placements are subject to change (notice will be given whenever possible).
- Volunteers shall wear their Festival ID tags and T-shirts at all times during their volunteer shifts.
- The use of cigarettes, alcohol, cannabis, or illegal substances is forbidden onsite.
- The personal use of cell phones for phone calls, texting or entertainment is not permitted during a volunteer shift.
- Volunteers shall portray a positive Festival image to the public.
- Volunteers shall treat other volunteers, performers, staff and the public with dignity and respect.
- Volunteers shall complete their duties to the best of their abilities and ask for help when necessary.
- There may be additional screening required for some volunteer positions.

PARENT/GUARDIAN WAIVER

I understand that I am signing this form as legal guardian of a prospective volunteer who does not have the legal capacity to sign forms on their own behalf. I am agreeing and warranting that I agree to have my child or ward participate as a volunteer of the Festival and that both I and the prospective volunteer will be bound by the terms and conditions.

I understand that the times my child or ward is scheduled to volunteer may change and that this is strictly a volunteer position involving no payment from the City (either salary or reimbursement of expenses). As such my child or ward will not, by virtue of this volunteer position, be considered an employee, contractor or agent of the City of St. Albert. I further understand that the City of St. Albert or its representatives may remove my child or ward from this volunteer position at any time and for any reason, without notice or compensation.

I understand and agree that all tasks he/she/they performs in this volunteer position will be undertaken voluntarily, and on the understanding that **NEITHER THEY NOR I WILL HOLD THE CITY OF ST. ALBERT LIABLE FOR ANY INJURY, LOSS, DAMAGE OR EXPENSE WHICH MAY BE SUSTAINED DURING HIS/HER/THEIR ACTIVITIES AS A VOLUNTEER.**

Parent or Guardian's Name (please print)

Signature

Date

For prompt processing, please upload this completed form to the volunteer's Better Impact Volunteer Profile. Alternatively, you can scan and email this completed form to festivalvolunteer@stalbert.ca, or drop it off in the brown mailbox outside the Community Services office on the first floor of St. Albert Place (5 St. Anne Street).

The personal information requested on this form is collected under the authority of Section 4(c) of the *Protection of Privacy Act, SA 2024, c P-28.5*, as amended for the purpose of implementing this waiver. Information collected will be treated in accordance with Part 1 of the *Protection of Privacy Act*. If you have questions regarding the collection and use of your personal information, please contact the City's Access and Privacy Coordinator at atia@stalbert.ca or 780-418-6663.