



Calgary Reggae Festival Society
 Chinook RPO, PO Box 30244
 Calgary, Alberta
 Canada T2H 2V9
 Telephone: (403) 355-5696
 Fax: (403) 455-8033
 Email: crfinfo@ReggaeFest.ca
 Web: www.ReggaeFest.ca

CONQUERINGLION.
 JAH.FREEDOM.
 CULTURE.RIGHTS.
 UNITY.ONELOVE

INFORMED CONSENT AND WAIVER OF LIABILITY FOR MINORS

(Must be signed by parent or guardian 18 years or older)

I, the undersigned, do hereby agree to and give permission for

Name of Minor _____

Date of Birth ____ / ____ / ____
 MM DD YEAR

to participate in Volunteer Services at the Calgary International Reggae Festival taking place **August 18-19, 2017**. I assume all risk of personal injury, death or property loss resulting from any cause whatsoever and I do hereby release the Calgary Reggae Festival Society from any and all claims that I might have for personal injury, death or property loss, whether based on allegations of negligence or not.

I, the undersigned, agree on behalf of the Minor that the Calgary Reggae Festival Society members, their heirs, successors and assigns shall not be liable for such personal injury, death or property loss and I waive all claims with respect thereto.

I, the undersigned, also agree on behalf of the Minor to indemnify, defend and hold harmless the Calgary Reggae Festival Society members, their heirs, successors and assigns from any and all liabilities, claims, demands, actions of any kind, damages, losses, injuries, costs and expenses (including legal fees on a solicitor and client basis).

I understand that the Minor is required to abide by the Calgary Reggae Festival Society rules of volunteering. I have explained to the Minor the need to follow the rules and any instructions given by the Calgary Reggae Festival Society.

I acknowledge that any aggravated damages to the festival properties and equipment caused by the Minor, is my financial responsibility.

Dated at Calgary, in the Province of Alberta, this _____ **day of** _____, **20**____.

Signature: _____

Print name: _____

EMERGENCY NOTIFICATION

Contact Person: _____

Day Phone: _____

Relationship: _____

Evening Phone: _____

Alternate Contact Person: _____

Day Phone: _____

Relationship: _____

Evening Phone: _____

Are there any medical concerns we should be aware of? If so, please indicate below.