



## Assumption of Risk & Release of Liability Event Waiver & Permission Form

Please read this waiver carefully, as it affects your legal rights. By signing below, you will be acknowledging, and agreeing that you have read this document in its entirety and have fully understood the waiver's agreed upon terms.

To be a volunteer in any Italian Cultural Centre Of Milton (ICCM) program or event, it is mandatory for the participant to agree and abide by the conditions outlined.

A parent/guardian of a minor participant who is less than 18 years of age must sign this form on behalf of the minor. By signing below, the participant and/or guardian indicates that they understand and freely accept the terms.

- 🇺🇸 I consent to release ICCM from all liabilities and waive all claims and demands arising from any personal injuries incurred while participating in the activity.
- 🇺🇸 I certify that I do not have any physical limitations that would put me at risk during the activity, and I acknowledge that it is **MY RESPONSIBILITY** not to undertake any activities which I am not capable of.

🇺🇸 **PHOTO RELEASE:** By signing below, in addition to the Assumption of Risk, and Release of Liability Waiver, I am agreeing that ICCM may use my photograph for the organization's promotional campaigns, newsletters, or website, and other social media, unless otherwise requested by you to the event lead.

🇺🇸 I have read the contents of this waiver and I sign this voluntarily and with full understanding of its conditions.

### Assumption of Risk, and Release of Liability Waiver:

Name of Participant

Signature of Participant

Date (MM/DD/YYYY)

Participant Telephone

Participant Email

For participants under 18 years:

If the Participant is under the age of eighteen, by signing below, I confirm that I am the participant's parent or guardian and that I have executed the Waiver above on behalf of the Participant.

**PERMISSION:** Youth under the age of 18 years also require permission of a parent/legal guardian to participate.

I give (name of Participant), \_\_\_\_\_ permission to attend all  
ICCM events held between Jan 1 and Dec 31, \_\_\_\_\_, such as cultural programs, gardening activities,  
plantings and environmental educational sessions, which may include interaction with the public, physical  
labour, and exposure to potential allergens.

Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Date (MM/DD/YYYY)

Please email this form to [info@iccm.ca](mailto:info@iccm.ca)