



Giving Hope Today

## RELEASE AND WAIVER OF LIABILITY

The Salvation Army agrees to treat all volunteers with dignity and respect, having due regard for their personal safety and their personal property while they are serving as volunteers. To that end, the Salvation Army will take reasonable steps necessary to ensure a safe and secure working environment for all individuals, including volunteers.

Nevertheless, it is recognized that accidents or losses occasionally happen which cannot be attributed to any fault on the part of any one individual or organization.

The purpose of this document is to release the Salvation Army from liability for accidents, injuries, losses, and damage which may occur in the course of volunteering in the Salvation Army's Programs and Services (the "Programs and Services").

**IN CONSIDERATION OF being permitted to participate as a volunteer in the delivery of the Programs and Services, I hereby acknowledge and agree that:**

1. I am participating as a volunteer and as a volunteer, I will not, either now or in the future, receive any financial remuneration, salary, wage, payment or any employee rights or benefit whatsoever, or be covered by Workplace Safety and Insurance benefits through the Salvation Army;
2. I accept and fully assume all risks, loss, injury or damage, without qualification, that may arise out of or result from my participation as a volunteer Programs and Services. I release the Salvation Army and its employees, agents and assigns for any and all claims including economic loss, illness, injury, or death or loss or damage to my property wherever sustained including on Salvation Army premises or property. I understand that this release applies to both present and future incidents and that it binds my heirs, executors and administrators;
3. In the course of or incidental to my participating as a volunteer in the Programs and Services, I may be in receipt of personal or confidential information including, but not limited to, information about individuals, specific individual identities, materials, records, memoranda, data and results pertaining to, arising from or containing particulars of confidential information. I agree to keep all confidential information secure while they are in my possession and to return all materials pertaining to confidential information to the Salvation Army upon completion of my tasks. I agree that I shall not at any time while I am a volunteer for the Salvation Army or at any time thereafter, disclose to anyone such personal or confidential information, except as may be required or permitted by law or at the request of the Salvation Army in writing;
4. All material prepared by me while participating in the Programs and Services, including copyright therein, shall become the sole property of the Salvation Army and be returned to the Salvation Army. I waive any moral rights I may have with respect to all material prepared under this document or participating as a volunteer in favour of the Salvation Army and any of its assignees and licensees;
5. I understand that this document is intended to be as broad and inclusive as permitted by the laws of the province in which I am participating in the volunteer activities and agree that if any portion of this document is invalid, the remainder will continue in full legal force and effect.

Any reference to the Salvation Army in this document shall include The Salvation Army Canada and Bermuda Territory, The Governing Council of The Salvation Army in Canada, and all associated charities, divisions and unincorporated associations, as well as all officers, employees and volunteers of any of them.



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I have read and fully understand and agree to the terms set out in this document and I am signing it voluntarily having full knowledge of its significance.

\_\_\_\_\_  
Name of volunteer

\_\_\_\_\_  
Signature of volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of parent/guardian  
*(Required for applicants under the age of 18)*

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of witness

\_\_\_\_\_  
Signature of witness

\_\_\_\_\_  
Date