



### 2024 Youth Volunteer Waiver

Before completing this youth waiver please ensure that you have actually filled out the volunteer application with all of your information. Failure to do so will result in your application being rejected.

I have read and understood the volunteer roles and responsibilities for Vancouver Island MusicFest. I know that if I do not fulfill my responsibilities in any manner, I can lose my benefits immediately and may be removed from the Vancouver Island MusicFest Grounds. I accept my responsibilities and will sign the liability waiver below.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Printed Name (please print legibly)

\_\_\_\_\_, 2024

Dated

\_\_\_\_\_  
Name of Crew you have applied for

#### PARENTS PLEASE COMPLETE BELOW

I, \_\_\_\_\_ (print name) am the **parent/guardian** of the above named person who is \_\_\_ years of age. I have read and understand the roles and responsibilities of VIMF Volunteers and trust that the above named person also has read and understands them. I give my permission for above named person to volunteer at Vancouver Island MusicFest.

\_\_\_\_\_, 2024

Dated

#### LIABILITY WAIVER

I wish to be a volunteer at Vancouver Island MusicFest. I understand that this is a day and nighttime outdoor event with many people in attendance. I also understand that the ground and lighting are uneven; there are many temporary facilities; stationary and moving equipment as well as many other potential hazards on the grounds. In further consideration of the benefits given to me as a volunteer at Vancouver Island MusicFest, I agree that the Comox Valley Folk Society, its directors, employees, contractors, guests and fellow volunteers are not responsible, and are released from any claim that I might have, for any loss, damage, harm, injury, cost or expense that I might suffer or incur before, during, or after the event, at the grounds of Vancouver Island MusicFest or otherwise in the furtherance of my duties as a volunteer, except in the case of gross or wilful negligence on the part of the Society or such persons. I accept the responsibility for my own safety and security and make this waiver on behalf of myself and my legal representatives, successors and assigns.

\_\_\_\_\_  
Volunteer Signature:

\_\_\_\_\_, 2024  
Date

#### PARENTS PLEASE COMPLETE BELOW

I \_\_\_\_\_ (print name) am the parent/guardian of the above named person. I have read and understand the above waiver of liability and accept it on behalf of the named person.

\_\_\_\_\_ dated: \_\_\_\_\_, 2024

Sign name:

Please email this form to [mfestvolunteercoordinator@gmail.com](mailto:mfestvolunteercoordinator@gmail.com)

Or drop off at 2440 Unit A, Cliffe Ave, Courtenay BC