



## PARENT/GUARDIAN CONSENT FORM

FOR VOLUNTEER APPLICANTS  
BETWEEN 14-18 YEARS OF AGE, AS OF FEBRUARY 1, 2011

I \_\_\_\_\_ as the parent/guardian of \_\_\_\_\_ do hereby consent to the above named applicant participating as a volunteer for the Halifax 2011 Canada Games. I acknowledge and agree to, on behalf of the applicant, the commitment, consent and waiver and hereby execute the same on behalf of said applicant.

Signed this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Applicant's Date of Birth

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Parent/Guardian Signature

**This form must be signed and either mailed or delivered to one of the following:**

Halifax 2011 Canada Games  
PO Box 1749  
5077 George Street, 2<sup>nd</sup> floor  
Halifax, Nova Scotia  
B3J 3A5

Halifax 2011 Canada Games  
PO Box 1749  
1894 Barrington Street, Suite 600  
Halifax, Nova Scotia  
B3J 3A5